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President: Mr. Eliasson ..... (Sweden)

The meeting was called to order at 9 a.m.

Agenda item 45 ***(continued)***

Follow-up on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level Meeting of the General Assembly on HIV/AIDS

The President: The General Assembly, pursuant to resolution 60/224 of 23 December 2005, will hold today its High-level Meeting on HIV/AIDS.

First of all, let me welcome you warmly to the General Assembly Hall in such great numbers — numbers that mean that limitations on speeches have been very harsh, and I ask for your understanding. But the size of this meeting tells us something about the importance of this subject and of the issues at stake.

Today is the day on which I hear from you, so I will be very brief.

First, I would like to say that we have seen a new dynamic in the United Nations over the last two days. Member States and civil society have come together in a way that has never really been done before. In both the civil society hearings and in the panels and round tables, we have seen a genuine, sometimes vibrant interaction between two sets of representatives — two sets of actors — who have not had a tradition of working together in this way. For instance, the voices of those living with HIV/AIDS and those from vulnerable groups have been powerfully heard throughout these halls and corridors.

It is my hope that we can harness this new dynamic and make it a driving force in the political and social processes needed to achieve practical results both here at the United Nations and at home.

Secondly, you will be aware that we now have a final draft declaration for our consideration, after many hours of hard work by delegations, finishing last night at 3.30 a.m. The text of that draft declaration is being circulated; you may already have it from your negotiators. You will all study it, I am sure. But I daresay that it is, to me, a good, substantial and forward-looking document which I hope you will adopt at the end of today's deliberations.

I am sure that we will all want to thank the Ambassadors of Thailand and of Barbados, Mr. Laohaphan and Mr. Hackett, for their dedication, which has brought us to this point. I wish also to thank all the negotiators who laboured so hard to make sure that we chart a course for the future in a way of which we all can be proud.

Today we look forward to hearing about your experiences, your plans, and your commitments to do what is necessary to defeat the pandemic of HIV/AIDS. I call on you all, in your statements today, to respond to the realities of HIV/AIDS, which have been brought so vividly into our halls over these past three days, and also to another reality — less grim — namely the

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aspirations, expectations and dreams of the people of the world for a United Nations that stands not only for security but also solidarity and a life in dignity for all.

I now give the floor to the Secretary-General, His Excellency Mr. Kofi Annan.

The Secretary-General: I wish to thank you all for coming today. I hope the fact that so many Governments are represented here at the highest level today signals real commitment to the fight against HIV/AIDS.

In 25 years, AIDS has changed the world. It has killed 25 million people. It has become the leading cause of death among both men and women aged 15 to 59. It has inflicted the single greatest reversal in the history of human development. In other words, it has become the greatest challenge of our generation.

The world has finally begun to recognize this. Since the Assembly held its special session on AIDS five years ago, the response has started to gain real strength. In some countries, there are fewer young people being infected than five years ago, and seven times more people have access to treatment.

But the epidemic continues to outpace us. Last year, globally, there were more new infections than ever before, and more people died than ever before. There were more women and girls living with HIV/AIDS than ever before. There were more serious warnings that if we do not see radical change, we will get nowhere near universal access to HIV prevention, treatment, care and support by 2010 — the goal to which you committed yourselves at the world summit last September.

If we do not step up the fight drastically, we will not reach the Millennium Development Goal of halting, and beginning to reverse, the spread of HIV/AIDS by 2015.

We know what it takes to turn the tide against this epidemic. It requires every President and Prime Minister, every parliamentarian and politician, to decide and declare that "AIDS stops with me". It requires real, positive change that would give more power and confidence to women and girls, and transform relations between women and men, at all levels of society. It requires greater resources for women, better laws for women and more seats for women at the decision-making table. It requires all of you in this Hall to make the fight against AIDS your personal priority, not only this session or this year or next year, but every year until the epidemic is reversed. I look to every one of you to demonstrate this personal commitment in the declaration that you adopt today.

The President: In accordance with the decision taken by the General Assembly at its 83rd plenary meeting, on 30 May 2006, I now give the floor to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Piot (Joint United Nations Programme on HIV/AIDS): I take the floor today to speak equally on behalf of the executive heads of the 10 co-sponsoring agencies that make up the Joint United Nations Programme on HIV/AIDS (UNAIDS). As we have heard this week, the results on the ground show that the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) marked a true turning point in the fight against AIDS worldwide. I understand that an agreement on a draft declaration was reached this morning and I hope that the Assembly can approve it, as President Eliasson just recommended, as it would take us to the next stage in the fight against AIDS. Because we have come so far, the stakes are even higher today than ever. To lose momentum now, to fail now, would be unforgivable.

We have come a long way, but there is still a long way ahead of us. That way forward is clear. We must conclude this meeting with a resolve that the fight against AIDS will get as high a priority on national and global agendas as the Assembly gives to promoting economic growth or maintaining security. Nothing less will do because AIDS is a long-term development crisis, not just a passing emergency which will disappear one fine day.

We must conclude this meeting with a resolve to allocate the more than $20 billion needed annually from 2008 on. Nothing less will do because every dollar of shortfall is a killing shortfall. We must conclude this meeting with a resolve to accelerate towards universal access to HIV prevention, treatment, care and support. Nothing less will do because only universal access can keep this epidemic from engulfing the next generations. We want an HIV-free new generation. We must conclude this meeting with a resolve that rich and poor nations will do whatever it takes to rapidly devolve microbicides, better drugs and vaccines, as well as to ensure access to them. Nothing less will do because we need every possible means to

fight this epidemic. Finally, we must conclude this meeting with a resolve to add a long-term response to AIDS to the still much-needed crisis management approach, a response that is embedded in social change. We must once and for all address the fundamental drivers of this epidemic, including the low status of women, sexual violence, homophobia and AIDS-related stigma and discrimination.

When we go back to work, today or next week, we must further build a large coalition that will be essential to realizing such an ambitious agenda. This meeting shows that everyone is here for just one thing: defeating AIDS. Even if we may have differences on tactics, as has been clear this week, we are all a critical piece of the same strategy. Not only is there room for everybody, but there is also a need for everybody. The 2001 Declaration of Commitment and today's draft declaration, hopefully, will provide us with a common minimum programme for such an expanding movement against AIDS. Let today mark the beginning of a new era in the fight against AIDS, an era responsive to the changing world around us.

The President: In accordance with the decision taken by the General Assembly at its 83rd plenary meeting, on 30 May 2006, I now give the floor to Mr. Richard Feachem, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Mr. Feachem (Global Fund to Fight AIDS, Tuberculosis and Malaria): Five years ago, Secretary-General Kofi Annan proposed the creation of a war chest to fight AIDS in Africa. Following his leadership, heads of State in this Hall called for "a global HIV, AIDS and health fund to finance an urgent and expanded response to the epidemic" (resolution S-26/2, annex, para. 89). This call that the Assembly made was heeded. Today, the Global Fund to Fight AIDS, Tuberculosis and Malaria is supporting 386 programmes in 130 countries, with a combined value of $10 billion. Results reported yesterday show that already 544,000 people around the world are receiving antiretroviral treatment because of Global Fund financing. That is a 40 per cent increase in the last six months. Millions more are benefiting from prevention and testing, and more than half a million orphans are receiving care and support.

That is good news indeed, but much, much more remains to be done. The levels of investment must be greatly increased. Peter Piot has told us that $18 billion of total investment is required next year and $22 billion in 2008 and beyond. It is a modest assumption that the Global Fund should provide one quarter of this amount. The current income to the Global Fund is less than half of this need. Public and private investment must expand greatly if the Global Fund is to fulfil the mandate that this Assembly has given to it.

To achieve our goal of universal access, the Global Fund must fully finance at least one new round of programmes each year. For many countries gathered here this morning, a fully funded round 6 is essential for the achievement of universal access by 2010 and for the continued expansion of the excellent programmes that we see in many countries. For this to happen, an additional income of $900 million is required, without which we will not have a fully funded round 6.

So I call on all leaders present to do their utmost to ensure that these vital resources are found. Let all countries contribute fully to this global priority according to their means. Let the business community optimize its contribution. Let all citizens join in solidarity with those affected by this scourge through the Red Campaign and other initiatives. Finally, let us all raise our voices to demand that no child, no woman and no man should suffer or die because we could not find the extra few billion dollars that are needed.

The President: I would now like to turn to some matters pertaining to the conduct of this meeting. We turn first to the length of statements. In order to accommodate all the speakers for the High-level Meeting today, I would like to appeal to speakers to limit their statements to three minutes. Given that time frame, I would also like to appeal to speakers to deliver their statements at a normal speed so that interpretation may be provided properly.

To assist speakers, a light system has been installed at the speaker's rostrum. It functions as follows: a green light will be activated at the start; an orange light will be activated 30 seconds before the end of the three minutes; a red light will be activated when the three-minute limit has elapsed. In other words, normal traffic rules apply.

In order to avoid disruption of the flow of speakers, I would like to seek the cooperation of other participants to remain in their seats after a statement has been delivered. In this connection, I would like to

invite speakers, after delivering their statements, to exit the General Assembly Hall through room GA-200, located behind the podium, before returning to their seats.

I would like to remind members that, in accordance with the decision taken by the General Assembly at its 85th meeting, the High-level Meeting will split and continue in two parallel segments after the statements by the heads of State and Government, Deputy Prime Ministers and the former Prime Minister of Japan. Segment A will be held in Conference Room 2 and segment B in Conference Room 3. The High-level Meeting will reconvene in the General Assembly Hall for the adoption of the political declaration and the closing statement by the President of the General Assembly, after we have heard all the speakers.

The Assembly will now hear an address by His Majesty King Mswati III, Head of State of the Kingdom of Swaziland.

King Mswati III: It is a great pleasure for me to join other heads of State and Government at this important summit where we are reviewing the problems of HIV/AIDS that face all of us. It is encouraging to see that the United Nations has seen fit that we should come back and review the target that we set for ourselves in 2001. We shall be looking at the way we have succeeded or failed in carrying out our obligations. What is clear is that the prevalence of the disease is not showing any signs of decreasing at the rate we would like to see. It is clear that HIV/AIDS is a serious disease, especially when you look at the number of people who are dying of AIDS. This disease requires commitment from all of us.

Let me give the example of my country, where there are many deaths resulting from AIDS-related sicknesses. We have waged campaigns for the education of our people. We have taught people living with HIV about how they should live healthy lives. We have also taught our people about how they should avoid contracting the virus.

The Government, the Swazi nation and non-governmental organizations are working together at full force in country-wide awareness campaigns. The Swazi nation has also availed itself of all traditions that assist young people to abstain. When we introduced some of the traditional methods of abstinence, the prevalence rate among the 15 to 24 age group showed some decline. The situation continues to be very serious, especially when we consider the high cost of medication for those already infected by HIV/AIDS. We also find that we do not have enough medical professionals in our country and, therefore, have to send some patients outside our borders, where they incur high medication costs that are beyond the means of many of our people. The Government has come to the assistance of our people by creating a fund that assists patients in meeting such costs.

Another very serious area of concern involves orphans. This disease usually kills the adult patient, leaving orphans behind without anyone to look after them. The Swazi nation has found it fit to assist orphans, especially with their education. We have also established neighbourhood care points known as Kagogo and Indlunkhulu. This is an all-encompassing cultural and communal-based scheme that attempts to enable orphans and vulnerable children to grow up like all other children, with access to good food, as well as supervision by elderly people. The objective here is to enable the child to live a normal life to prepare him or her for the future. These facilities are not limited to children, as they also cater to the elderly, in order to prevent them from feeling destitute in their own communities.

Our health systems have been strained by the disease burden of AIDS. The presence of tuberculosis and malaria in Africa further complicates the problems of HIV and AIDS. It is important that these three diseases be addressed together. We have established a National AIDS Council to coordinate our fight against the pandemic. We have set aside unds to fight this pandemic, but, of course, the situation requires a lot of money. We are very grateful to the Global Fund and other development partners for giving us financial support, which has enabled us to come this far. We are using these funds to give free antiretroviral therapy to AIDS patients. We also provide free treatment to pregnant mothers, so as to reduce the mother-to-child transmission of the virus. We have achieved a lot through such support. We are happy to know that many donors continue to make financial commitments for the fight against the pandemic. It is most unfortunate that sometimes our attention, focus and resources are diverted by emerging disasters. At times, the pandemic is ignored just because it has become part of our everyday life. I am not saying that emergencies should not be attended to; all I would like to see is for all of us

to concentrate on fighting this pandemic. Many people are dying every day.

For example, in sub-Saharan Africa alone, more than 2 million people died of AIDS-related sicknesses in 2005. This is like a war. Worse still, while we are fighting this pandemic, some countries are classified as middle-income States, thereby losing support and assistance. We would like this classification to be reviewed in the light of the financial depletions that have been caused by the high cost of combating this scourge. This pandemic has no respect for any country, whether or not it is classified as a middle-income State.

I am confident that at this summit we shall come up with meaningful solutions and strong strategies that will enable us to operate effective programmes so that we do not disappoint the people we represent here.

The President: The Assembly will now hear an address by His Excellency Mr. Denis Sassou Nguesso, President of the Republic of the Congo.

President Sassou Nguesso (*spoke in French*): I take the floor in this Assembly, the embodiment of our common ideal of peace and solidarity, on behalf of the African Union and, in particular, of the millions of Africans infected and affected by HIV/AIDS.

What does Africa have to tell us that we do not already know about AIDS, the cruellest of pandemics that the world has had to confront over the past 25 years? What cry must Africa utter in its anguish for its pain to be heard, heeded and properly understood?

I wish simply to recall that, of all the continents, Africa has been the most affected by the ravages of that fearsome scourge. Unfortunately, Africa is also the continent that is most lacking in the resources to address the scourge. With every passing day, the overall situation only gets worse. No sector of our populations has been spared. Women and youth — the very foundation and future of our societies and States — have been the hardest hit, gravely jeopardizing the development of our countries.

In such circumstances, what can we do to halt the inexorable rise of the pandemic? What can we do to achieve universal access to HIV/AIDS prevention, treatment and medical care? Africa itself is attempting, with its limited financial and technical resources, to organize itself to tackle the scourge through prevention programmes and universal management.

It was a united Africa that met in Abuja, Nigeria, from 2 to 4 May 2006 to take stock of the HIV/AIDS situation on the continent and to put best practices to use. At the conclusion of that special summit, the African Union kept its appointment with history by reaffirming its commitments to combating HIV/AIDS, tuberculosis and malaria by adopting the Abuja Appeal and the African common position for this High-level Plenary Meeting of the General Assembly.

The African common position represents a convergence and continent-wide approach to meeting the challenge of the HIV/AIDS pandemic. The commitments we have undertaken may appear to some to be too ambitious or even unachievable, but in the face of a pandemic that has already killed over 25 million people, only rapid, energetic and massive action will help us to achieve the Millennium Development Goals.

However, as we had occasion to note at the meetings in Brazzaville and Abuja, obstacles to achieving universal access to prevention, treatment and medical care for HIV/AIDS remain many, including the persistence and aggravation of poverty, food insecurity, economic constraints, recurrent armed conflicts, natural disasters, ignorance, fear, stigmatization and discrimination.

We have today the opportunity to welcome once again the international initiatives to provide financing for Africa in its struggle against HIV/AIDS and other infectious diseases. Our profound gratitude goes out to our development partners, the various donors and the countries of the Group of 8, which have undertaken to mobilize $50 billion by 2010 in order to accelerate the achievement of universal access to HIV/AIDS prevention, treatment and medical care.

We appeal to the solidarity of the international community as a whole. Indeed, it is only in combining our efforts — the efforts of all countries, rich and poor — in raising awareness and in general mobilization that we will be able to meet the challenge posed by HIV/AIDS to all humankind on a daily basis.

Our responsibility is a historic one, for the destinies of millions of men and women depend on the commitments we enter into today. Let us see to it that our great hopes do not come to grief against a wall of shame and promises not kept.

The President: The Assembly will now hear an address by His Excellency Mr. François Bozizé, President of the Central African Republic.

President Bozizé (*spoke in French*): I wish at the outset to thank the Secretary-General for the honour he has bestowed on me in inviting me, on behalf of Africa, to take part in this High-level Plenary Meeting devoted, inter alia, to taking stock of the progress achieved in the attainment of the targets set out in the Declaration of Commitment on HIV/AIDS.

On behalf of all the heads of State of Africa, I thank the Secretary-General for that mark of his interest and for the lead role he has long played in mobilizing and increasing resources for the struggle against HIV/AIDS in the developing countries and Africa in particular.

I take this opportunity wholeheartedly to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS for all his advocacy to strengthen concerted action against AIDS throughout the world.

Since the 2001 special session and in light of the report of the Secretary-General, considerable efforts have been undertaken by African countries to deal with this scourge, which represents a problem not only for the development of Africa, but above all for the very survival of the people of Africa. Those efforts have certainly resulted in an improvement in global and regional indicators regarding the fight against AIDS. We should nevertheless note that, taken in isolation, the indicators of developing countries such as the Central African Republic are hardly contributing to reaching either the targets to be met by 2010 set out in the Declaration of Commitment or the Millennium Development Goals.

For example, despite the resources mobilized by the World Fund to strengthen efforts aimed at people living with HIV/AIDS, of the 40,000 people in the Central African Republic who need antiretroviral treatment fewer than 2,500 have actually received any. That is a rate of access to treatment of 6 per cent. As pointed out by the report of the Secretary-General, the number of people receiving treatment in the Central African Republic represents only 0.2 per cent of the total 1.3 million people receiving treatment in developing countries — that in a country with one of the highest rates of HIV/AIDS in all of Africa.

With regard to prevention, increasing AIDS education in schools cannot be achieved in countries such as mine for various reasons, especially due to the high number of teachers who have died of AIDS and to the lack of financial resources to carry out campaigns.

My country has benefited from the World Fund's support in developing essential support services for orphans and other children made vulnerable by HIV/AIDS. But what has been accomplished remains well below our country's real needs.

I am sure that the situation I have just described is the same as that in most low-income countries.

As is clear from the report of the Secretary-General, in about 40 developing countries the fight against AIDS is today being carried out by heads of Government or their deputies. I have coordinated that fight in my country for three years, and have personally presided over the general assemblies of the National Committee for the Fight against AIDS. I have also held regular meetings of the Cabinet to evaluate the progress made in the fight against AIDS. Two meetings have already been held under my direction in 2006. The last meeting, which was attended by all our development partners and the entire Government, was held on 12 May this year.

Despite my country's current financial difficulties, national resources represent 9 per cent of the resources needed to implement the 2006 operational plan. That represents an increase of over 50 per cent over the last three years. We hope to increase those resources further once our country — categorized, as it is, among the world's poorest — becomes the beneficiary of debt relief through the Heavily Indebted Poor Countries Trust Fund.

I would like to take this opportunity to inform the General Assembly that several African heads of State undertook certain commitments at the special African Union summit held from 2 to 4 May 2006, which I attended. Two major documents were adopted at that important meeting, namely, a common African position on HIV/AIDS and the Abuja appeal for accelerated action to provide universal access to services in combating HIV/AIDS, tuberculosis and malaria in Africa.

Given the scope of the HIV/AIDS situation in African countries, I speak on behalf of my fellow Africans to endorse all the recommendations made by

the Secretary-General in his report, which are very much in line with the decisions we took at Abuja. In the face of a scourge that is threatening the development of an entire continent, I believe we must speed up our efforts, in the words of the Secretary-General, by adopting new ways of working together. I would therefore suggest that scaling up the fight should be organized and supported along the lines of current efforts being made throughout the world to halt avian influenza, although that scourge does not have the same epidemiological implications as AIDS.

Another way to work together is to review the debt relief procedures used by the international financial institutions, so that those resources can be primarily devoted to the fight against this scourge.

Solidarity represents the only way to organize our efforts to ensure that Africa becomes a continent free of AIDS that can at last begin to develop. By bringing the world together against AIDS, we shall succeed. Long live national and international partnership for Africa's survival.

The President: The Assembly will now hear a statement by His Excellency Mr. Arnold Rüütel, President of the Republic of Estonia.

President Rüütel (*spoke in Estonian; English text furnished by the delegation*): I would like to express my pleasure at the holding of today's High-level Meeting. Five years have passed since the holding of the previous General Assembly meeting on AIDS. Implementation of the Declaration of Commitment on HIV/AIDS, which was adopted at that meeting as resolution S-26/2, is the common concern and responsibility of all Member States.

In the early years of the United Nations, national security and the avoidance of military conflict were the main concerns. The world faces completely different threats and challenges today, which are in part related to globalization. The spread of HIV is one of those dangers. I agree with those who say that AIDS is not just a disease but also a security risk. When we talk about safety and security, we must bear in mind that people are the most important thing.

HIV has a deep impact of many aspects of humankind: values, attitudes, beliefs, social belonging and behaviour. In order to prevent an epidemic, it is not really enough to manufacture and administer medications; we must also reduce poverty and social exclusion and develop public health systems, and societies in general. The fight against the epidemic can only be effective if we address all the areas I have mentioned; most important, we must do so together, with concerted international efforts. I believe it is equally important for both government agencies and non-governmental organizations to recognize their responsibilities and take part in HIV prevention.

Yesterday, 1 June, we celebrated the International Day of the Child. Children are the weakest members of our societies, and over 2 million of them throughout the world are infected with HIV. Many of them have no access to medical care, and an HIV/AIDS-infected child dies somewhere in the world every minute. We should therefore focus first and foremost on children, as well as on pregnant women, in order to prevent the transfer of the virus from mother to child.

One of the main difficulties relating to the control of HIV lies in the fact that, at least in the initial period, the disease spreads within social groups. In Estonia, for example, the first HIV-positive cases were among intravenous drug users. That means that, in parallel with HIV, we must fight both drug addiction and alcohol abuse. I believe that we can create the conditions to overcome social problems by using a multidisciplinary approach.

One thing is certain: we should definitely avoid stigmatizing people with HIV, because if people are afraid of rejection or afraid of losing jobs or social position, then they will also be afraid of being tested and of mentioning to anyone that they are HIV-positive. If we want to win the battle, we must overcome the social prejudice and shame that prevent us from speaking openly about HIV and related issues. That is something that all States and all societies must do, regardless of how many or now few cases of HIV or AIDS they have. The fight against social exclusion and stigmatization is closely linked to the sustainability of societies, which, in turn, is one of the key issues relating to the future.

With regard to those who are HIV-positive, I believe that antiretroviral treatment must be available to everybody who needs it. Today, however, treatment is far too expensive for many of those who are infected, although the lives of millions depend on it. I call on the Assembly to pay more attention to that particular aspect.

Just 10 years ago, most Estonians did not know much about HIV. We had just heard bits and pieces of news about it from the rest of the world. Today, as President of the Republic of Estonia, I am deeply concerned about the spread of the disease in our country. However, I can assure the Assembly that in recent years Estonia has taken serious steps to stop the spread of HIV. Prevention in Estonia is currently much more systematic than it was in the past. For example, last year we finalized our new national HIV strategy. The drafting process included Government agencies, experts, academic organizations, non-profit organizations and HIV-positive people themselves. We also applied the principles that were agreed upon at the United Nations in 2001.

The success of the prevention strategy in Estonia can be seen in the fact that the number of new cases is decreasing. However, we are concerned because the virus has spread beyond the so-called risk groups. Funding for HIV-related issues has increased several times in recent years, and the number of cooperation partners has grown. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria has helped Estonia a great deal. It helped us to take significant steps to limit the spread of the epidemic, and I would like to express our sincere gratitude to the Global Fund for that major effort.

I consider this High-level Meeting and our commitment to finding a common solution to the problem to be a significant message to the world. We realize that no country can win this fight alone; it will require international solidarity if we are to be successful. Estonia, as a State member of the European Union, is collaborating with a number of countries, and will do everything in its power to participate in the international joint effort.

The President: The Assembly will now hear an address by His Excellency Mr. Elías Antonio Saca González, President of the Republic of El Salvador.

President Saca González *(spoke in Spanish)*: Twenty-five years ago, when the world's first cases of AIDS were reported, El Salvador was dealing with an armed conflict that claimed the lives of 80,000 Salvadoran men and women. We overcame those dark days and have now left them behind. Most of the deep social wounds have healed now that we have implemented a very successful peace process involving all the parties, with the good offices of the United Nations.

The people of El Salvador, who remain faithful to the principles that govern them, are today facing important new challenges, not rooted in ideological struggle but, rather, oriented towards strategies to combat poverty, violence, hunger and other problems that have profound social implications. Thus, we are familiar with the global development challenge represented by the human immunodeficiency virus.

We in El Salvador we are also experiencing the effects of the pandemic. Within our national borders, more than 30,000 people are living with HIV, having been infected with the virus during the past 25 years. All of us working together — civil society, Governments and persons living with HIV — can transform current global realities. It is essential that we all become involved in assisting our brothers and sisters who are living with HIV in each of our countries in order to combat the pandemic. We must not exclude them, for they are part of the struggle.

Thanks to the impetus of a comprehensive prevention strategy based on moral values and scientifically proven measures to respond to and control HIV, we have been able to prevent an increase in the number of new infections, reducing by 3 per cent the annual rate of HIV incidence, and by 4 per cent the annual rate of AIDS incidence. That constitutes a significant step towards the proposed goal of reducing the spread of the epidemic and putting an end to it by 2015.

El Salvador is committed to ensuring that treatment is available for people living with HIV, and we have taken significant steps to that end. In this context, we must acknowledge the fact that the participation of Salvadoran civil society was fundamental in getting this endeavour under way, speaking out on behalf of people living with HIV, thus making it possible for my predecessors as President to initiate the first hospital treatments within the national public health system.

Since 2001, the number of people receiving therapy has increased fiftyfold. Our programme to combat AIDS currently guarantees 100 per cent coverage at no cost for all those people living with HIV who require comprehensive care and treatment. In addition, we have increased by more than 100 per cent the availability of HIV tests.

It is a source of deep pride and satisfaction to me that, over the past few years, we have reduced by more than 85 per cent the number of children born with HIV. Although it is true that those Salvadoran children have been saved from the terrible burden of being born with HIV, we must continue to protect them. These children are part of our hope and our future as a people. It is for them, and for many thousands of others, that we must act now to ensure that universal access is more than a goal, but is an everyday reality at the global level.

El Salvador now stands before the Assembly as a responsible member that is proud of its achievements in the fight against HIV/AIDS. Thus, I represent my homeland, which I present as a country that supports and is grateful to the international community. I would also like to share our modest experience as a new member nation of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS, for the period 2007-2010.

In view of these achievements and goals attained, El Salvador is optimistic that it can fully meet Millennium Development Goal 6, to be achieved by 2015. Paradoxically, all of the progress that El Salvador and some other Latin American nations have made is becoming a new obstacle and challenge precisely because they are medium- to low-income countries: they are being marginalized and donor assistance is being reduced simply because of their successes. El Salvador requests that we take steps to ensure that medium- to low-income countries do not lose the support — especially the economic support — of the international community in this fight.

Here, I would like to speak on behalf of more than 500 million Latin Americans who are raising their voices so that our region is viewed with the same importance, solidarity and interest as other regions of our world in the fight against this pandemic. We in Latin America also ask for effective and genuine support from donor countries and from organizations such as the Global Fund to fight the epidemic in our respective nations. From this rostrum, I ask the Assembly not to further delay such aid for our peoples. Nor should we establish complex processes for delivering assistance to those who need it most, because HIV does not allow for inaction, does not care about budgets and is unforgiving of delays.

Just as in the 1990s, when El Salvador, with the international community's support, was able to end a civil war and to build the world's most successful peace process, today we need the same kind of help to continue to deal successfully with this pandemic.

El Salvador has worked and complied with the commitments undertaken before the Assembly. Our achievements are clear, and my presence at this meeting as head of State demonstrates not only my resolve and commitment to continue working tirelessly in this endeavour, but also the hope of Central America and the entire Latin American region to see no further suffering caused by this terrible pandemic.

In this forum, permit me to request that we not only achieve the goals set out for 2010 and 2015. I pledge before the Assembly that the fight against AIDS will continue to be the most important item on my Government's social agenda, in hopes of seeing a generation free of AIDS and the stigma and discrimination that it causes. Please do not forget that we in Latin America and in all medium- to low-income countries are also fighting, and we need economic support to continue in the fight.

The President: The Assembly will now hear an address by His Excellency The Honourable Edward Ngoyani Lowassa, Prime Minister of the United Republic of Tanzania.

Mr. Lowassa (United Republic of Tanzania): Five years ago, during the special session on HIV/AIDS, we committed ourselves to take action against HIV and AIDS. As stated in the Secretary-General's report (A/60/736), the global AIDS response is now at a crossroads. This meeting has thus come at an opportune time for us not only to review the progress we have made, but, more important, to recommit ourselves to further action that will consolidate the gains we have made and move us towards attaining the objectives we have set for ourselves, including those in the Millennium Development Goals and in the 2005 World Summit Outcome document (resolution 60/1).

We are deeply concerned that, despite the many efforts and resources that have been provided, the threat of HIV and AIDS has not abated, especially in developing countries and among women and young people. Of particular concern is the interrelationship among HIV/AIDS, poverty and inequality. As we chart the way forward, we need to tackle the multifaceted threats posed by this pandemic.

The Government of the United Republic of Tanzania is committed to the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and is making every effort to fulfil its obligations. The Government has observed the "three ones" principle: first, in 2001, it formed the Tanzania Commission for AIDS as the coordinating body in the country; secondly, the national AIDS policy, "A national multisectoral strategic framework on HIV/AIDS 2003-2007", with targets that are consistent with those in the Declaration of Commitment, has been put in place; and thirdly, a single monitoring and evaluation framework has been developed that is guiding all HIV/AIDS implementers in the country.

Consistent with our priorities, outlined in the national policies, our main focus and emphasis is on prevention. Several preventive measures are being undertaken, including education programmes targeting various groups such as workers, members of the armed forces and refugees; voluntary counselling; and testing. The prevention of mother-to-child transmission and the management of sexually transmitted infections, the distribution and social marketing of male and female condoms, issues related to human rights, stigma reduction and gender are also addressed in the policies and strategic frameworks. As a result, awareness has increased considerably, especially through peer group counselling. A major limitation on testing is the high purchase cost of equipment and the training needed to operate it. Additional legislation is under consideration to further ensure the fundamental freedom and legal protection of people living with HIV/AIDS, orphans and vulnerable children.

Care and support for people living with HIV and AIDS — in particular orphans and children made vulnerable by the pandemic — pose a growing challenge to the Government, especially as the capacities of the traditional social safety net are diminishing. Thus, strengthening the capacity of communities economically and socially is necessary if we are to provide care, support and encouragement. People and communities ought to be economically empowered to be able to afford the required nutrition that goes with medical treatment. In that regard, collaboration with civil society and the private sector needs to be strengthened.

In implementing the global target of "3 by 5", the Government, in collaboration with some of our development partners, developed an HIV/AIDS care and treatment plan in 2003. The plan aims at providing antiretroviral drugs free of charge to approximately 440,000 people living with HIV/AIDS by the year 2007. Currently, some 30,000 have been enrolled and are being monitored. I wish to extend sincere thanks to all our bilateral and multilateral development partners for their support.

Financing HIV/AIDS control programmes is a great challenge for already overburdened national budgets. As the multisectoral response evolves, more predictable and sustainable funding will be required.

The Global Fund to Fight AIDS, Tuberculosis and Malaria was established with much enthusiasm and commitment and gave rise to very high expectations in developing countries. The enthusiasm and commitment that were generated five years ago and the encouraging track record of the Fund so far need to increase and to be sustained. I thus appeal to the international community to increase its political and financial support for the Global Fund to spearhead the fight against the HIV/AIDS pandemic.

As we continue to grapple with HIV/AIDS and to strive to scale up that fight, new challenges are emerging. These include, among others: a serious lack of trained human resources, equipment and health infrastructure in the health sector; the sustaining of care and treatment plans; support to meet the increasing need for nutritional support for HIV/AIDS patients on antiretrovirals; sustainable support for the increasing number of orphans; emerging resistance against some of the drugs for AIDS and malaria; and finally, increased incidence of tuberculosis and the inadequate innovations in its treatment.

In conclusion, we urge that increased, concerted and coordinated efforts be made to fight this pandemic. We know what to do, we know how to do it, and we know it can be done. As leaders gathered here today, let us provide the leadership and the political will. Let us fulfil our commitments. It can be done. Let us play our part.

The President: The Assembly will now hear an address by His Excellency Mr. Bertie Ahern, Taoiseach (Prime Minister) of Ireland.

Mr. Ahern (Ireland): When I stood at this rostrum five years ago, I committed the Irish Government to spending €30 million per year on the fight against AIDS. Ireland has more than lived up to

the commitments I made. Through our national programme of development assistance, Irish Aid, we have spent over €250 million in the past five years.

From this year forward, I pledge that our spending on HIV and other communicable diseases will increase to at least €100 million per year.

During the past five years, more than 30 million men, women and children have been infected with HIV, more than 3 million have died, and more than 15 million children have been orphaned by AIDS. These are dreadful statistics. Behind them lies a grim reality of pain, suffering and destitution. What is required now is uncompromising global leadership and commitment to scaling up our efforts so as to make AIDS history.

I have committed the Irish Government to reaching the United Nations target of spending 0.7 per cent of GNP on official development assistance by the year 2012.

This major scaling up of the Irish Aid programme will enable us to be at the forefront of the fight against HIV/AIDS in the years ahead. Over the coming years, as part of our overall commitment, we will double our funding to the Joint United Nations Programme on HIV/AIDS (UNAIDS), to €6 million per year; increase our funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria to €20 million this year; continue to invest in new technologies which can prevent HIV; spend an additional €30 million per year on HIV in our partner countries; prioritize women in our programmes; and spend up to 20 per cent of the increased resources for HIV and other diseases of poverty on interventions that will benefit children.

The leadership of the United Nations is crucial to the global HIV challenge. The global progress we have made owes a great deal to the tireless commitment and leadership of the Secretary-General.

The United Nations must continue to lead our efforts to ensure that resources are spent effectively. This means an end to the duplication of effort, a strengthening of coordination on the ground, a trustworthy system of monitoring and evaluation, and a single-minded focus by all on achieving results. The fight against AIDS is a test case of United Nations reform in action.

HIV infection does not respect borders. The European Union and its neighbouring countries are facing the fastest-growing HIV infection rates. We have invested in expanding HIV services to respond to rising infection levels in Ireland.

We need to act now. I call on the member States of the European Union to live up to the ambitious commitments made in Dublin in 2004 and to demonstrate leadership to fight this expanding epidemic.

Prevention is at the core of our HIV strategy. Our single biggest priority must be to stop new infections. With a staggering 5 million new infections last year, we need to spend more, build capacity and mobilize political will to reach those most at risk and most vulnerable.

Ireland is gravely concerned about the growth of the epidemic among women. Female HIV infections are on the rise in Asia, Eastern Europe and Latin America. Furthermore, throughout sub-Saharan Africa, females aged 15 to 19 years are four to six times more likely to be infected than their male counterparts. A combination of HIV/AIDS and gender inequality is proving lethal for women and girls. We are committed to addressing the particular vulnerabilities of women, especially in poor countries.

Progress in access to HIV treatment is evident. The price of life-saving drugs has fallen dramatically since we met here in 2001. The reduced cost has facilitated a substantial increase in the number of people accessing treatment, but, still, only one in 5 people in need of treatment have access to it. We urgently need adequate qualified staff and health supplies for the treatment of HIV and related infections such as tuberculosis.

We are working closely with the Clinton Foundation HIV/AIDS Initiative in this area and over the coming years will expand our support to them.

Children are the neglected and silent face of AIDS. Increasing numbers of children, now as many as 15 million, are losing parents, guardians and siblings to AIDS. Ireland will spend more money on children. We will work primarily with UNICEF and will allocate up to 20 per cent of additional resources for HIV and other communicable diseases to support vulnerable children. We will work to keep mothers alive; families supported; children fed and in school; and provide treatment for those infected with HIV.

If we are to succeed in reversing this epidemic, we must also tackle the stigma and discrimination

associated with it. Political leaders have to work to make our societies more open, caring, inclusive and non-judgemental.

We plan to do more to deal with this issue in Ireland. As a first step, we will have a national campaign to combat stigma and discrimination against people infected with HIV in Ireland, coinciding with World AIDS Day on 1 December this year.

Civil society has been central to Ireland's response to HIV, at home and in the countries we support. They have shown that they can reach marginalized groups; speak out for the victims; form partnerships; and do on-the-ground work. The work of non-governmental organizations and of missionaries must be commended, especially their efforts in caring for the sick and for vulnerable children. I welcome their participation in this conference.

My Government remains fully committed to being at the vanguard of the global response to HIV/AIDS. Ireland will continue to take its responsibilities seriously and to express its solidarity with the poorest people in the poorest countries, who bear the brunt of this deadly disease. The fight against AIDS remains one of the greatest challenges of our generation. We will be judged by the generosity of our response and by the strength of our leadership.

Too many lives have been needlessly lost already. We must not fail the millions who look to us for help in a spirit of common humanity.

The President: The Assembly will now hear an address by His Excellency The Honourable Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

Mr. Douglas (Saint Kitts and Nevis): It is my privilege to address this gathering on behalf not only of the Government and the people of Saint Kitts and Nevis, but also of the Caribbean Community (CARICOM) and the Pan Caribbean Partnership against HIV/AIDS (PANCAP). PANCAP is the regional network that embraces Governments, non-governmental organizations, international and regional agencies, business, labour, civil society and representatives of people living with HIV/AIDS, across the entire English-, Spanish-, Dutch- and French-speaking Caribbean.

I address this gathering this morning with a mixed sense of pride and humility. My pride stems from the fact that we have established, in our part of the world, a coordinating mechanism that is based on a broad partnership of all those actors in the field of HIV/AIDS. I am also proud that the stimulus for this partnership came from the decision taken by the heads of Government just after the 2001 special session of the General Assembly on HIV/AIDS, and that it represents the proper approach to the multifaceted problem of AIDS. I am also proud of what we have achieved to date. Spurred on as we have been by the evidence of the gravity of the problem in our region, we established in several countries programmes that have had demonstrable success: first, success in extending treatment to many who are in need of it; secondly, success in reducing mortality; and, thirdly, success in the reduction of mother-to-child transmission of this dreaded disease.

At the same time, I am humbled by the magnitude of the task before us if we are to return to this forum in 2010 and declare with certainty that no man, no woman, no child is denied access to prevention, treatment, care and support, for that is our understanding of universal access. To achieve this, we have decided that we must first establish exact regional and national indicators for determining whether we have reached that goal. We will not be reticent about admitting failure if, in some areas, we do fall short, which I firmly believe we will not.

Optimistic as I am about achieving universal access, I have to be frank about some of the obstacles that may impede our quest and our programmes. There are many, many needs. There is the need for sustained financing. There is the need for increased human resource capacity, given the high rates of migration of skilled labour from our region to the developed world. There is the need to mobilize technical and financial resources that allow greater emphasis to be placed on prevention, the need to strengthen not only our health systems, but also our education systems and other social systems necessary for a comprehensive and integrated approach.

To achieve this, our international partners must be encouraged to harmonize and align programmes and to simplify funding requirements. In that regard, the intractable eligibility criteria imposed by multilateral and bilateral agencies, which disqualify medium-income countries like mine and other Caribbean countries from access to front-line awards, must be challenged.

At the same time, the Caribbean is pleased with the decisions of the Monterrey Consensus and the Development Assistance Committee of the countries of the Organization for Economic Cooperation and Development, which have established standards and criteria for alignment and harmonization. We unhesitatingly support the "three ones" principles set forth by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the recommendations of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors. We also support the Rome Declaration on Harmonization and the G-8 leaders' pledge to increase official development assistance to approximately $50 billion a year by 2010.

We are happy that these global initiatives have been captured in the draft political declaration because they accord with the way we in the Caribbean see the role of our development partners.

Spurred on by the commitments in our draft political declaration, what now are our goals? What are the goals of the people of the Caribbean for HIV/AIDS? By 2010, we will have reaped the benefits of a harmonized international partnership. By 2010, our health and social systems will form the basis of an improved and integrated network of services for prevention, diagnosis, treatment, care and support. By 2010, we hope that every country in the Caribbean would have introduced supportive legislation and a policy framework to protect the vulnerable populations, in particular, men who have sex with men, commercial sex workers and prisoners. But we also place emphasis on the particular needs of the disabled and of our children, for they, too, are quite vulnerable. By 2010, we plan to show the world that every Caribbean man, woman and child has access to relevant information, knowledge and support services by which to take preventive action, including knowing his or her own HIV/AIDS status. By 2010, we will have organized our regimes for care, treatment and support. By 2010, the Caribbean will have drastically reduced the spread of this disease through universal access.

Those are our goals. In this season of World Cup soccer, everyone will understand me when I say, "we must score". Because for us to win, we must score.

The President: I now give the floor to Mr. Macky Sall, Prime Minister of the Republic of Senegal.

Mr. Sall (Senegal) (*spoke in French*): I would like to begin by conveying to the Assembly the warm greetings of His Excellency the President of the Republic of Senegal, Mr. Abdoulaye Wade.

Senegal thanks the Secretary-General for his advocacy and leadership in the international mobilization against HIV/AIDS. We also thank President Denis Sassou Nguesso for the important contribution made by the African Union in the current session.

The Secretary-General's report (A/60/736) gives us an opportunity to be grateful for strengthening international mobilization which has led to significant financial flows and the highest commitment from States. However, allow me to underscore that, despite that mobilization, financial and technical resources, as well as the efforts that have been made, have not been enough to provide a response which is capable of significantly reducing the rate of new infection and especially to provide universal access to antiretroviral treatments.

This High-level Meeting must be seen as a critical juncture in the remobilization of the fight against HIV/AIDS, in the sense that Africa is in an emergency health situation. In fact, Africa, with 14 per cent of the world's population, must bear 80 per cent of the morbidity which is linked to parasitic, bacterial and viral diseases, with only 3 per cent of health workers. If we do not resolve the problem of HIV/AIDS, which has taken on a planetary dimension, achievement of the Millennium Development Goals will become an illusion.

After 25 years of struggle against HIV, we are forced to acknowledge that we have not yet managed to reverse the evolution of this epidemic and to lessen its impact. Therefore, we must take up three major challenges: the challenge of prevention, the challenge of universal access to treatment and, lastly, the challenge of human resources, which must be coordinated with the first two challenges. Prevention efforts must be strengthened in order to face the rapid spread of HIV.

The lack of information for adolescents and young people is disturbing. Efforts to educate children, adolescents and young people must be stepped up and sustained to prevent the risk of new infections.

More effective targeted interventions must be carried out among women and among vulnerable and marginalized groups. We must also make a commitment to make accessible and to sustain antiretroviral treatments as well as second- and third-generation drugs and paediatric formulas for those who require them.

Developing countries must be inspired by Brazil, Thailand and Senegal, which subsidize antiretroviral treatments out of their own resources. In Senegal, 70 per cent of antiretroviral treatment is free, funded by the State.

At the same time, we must finance research on preventive vaccines and microbicides that strengthen HIV prevention among women. We must also make a commitment to ensure predictable and sustainable financing, commensurate with our aspirations and our national road maps, to step up universal access.

We have to commit ourselves to develop a sustainable partnership among all of the actors in the private and public sectors of civil society and the associations of people living with HIV. From this point of view, we must strengthen leadership at the highest levels of State, religious groups, communities and people living with HIV/AIDS.

It is time for the world to change its paradigm vis-à-vis this epidemic. Senegal strongly supports the African statement of Abuja, which expresses the common African position in this session.

Allow me, lastly, to recall the words of President Abdoulaye Wade, at the June 2001 session, which, unfortunately, are still topical:

> "[L]et us work together so that, beyond the diplomatic niceties, this twenty-sixth special session of the General Assembly will be immediately followed by specific and decisive action to safeguard present and future generations. The time to act is now. Tomorrow will be too late." (*A/S-26/PV.1, p.11*)

The President: The Assembly will now hear an address by His Excellency The Right Honourable Pakalitha Bethuel Mosisili, Prime Minister of the Kingdom of Lesotho.

Mr. Mosisili (Lesotho): This High-level Meeting offers us a unique opportunity to assess progress in the implementation of that all-important commitment on HIV/AIDS we made five years ago and to reaffirm our previous commitments on this pandemic from the national, regional, continental, and now global, levels.

To demonstrate our leadership commitment to conquer the epidemic, our Head of State, His Majesty King Letsie III, declared HIV and AIDS as a national disaster. This was followed by the launch of the "Know Your Status" campaign in 2004 with public testing by the Head of Government as well as other senior public figures. At that launch, I was personally encouraged and strengthened by the presence of the head of the Catholic Church in Lesotho, His Grace Archbishop Bernard Mohlalisi, and the then head of the United Nations family in Lesotho, Ms. Scholastica Kimaryo. They both took the HIV test with me that day. In fact, I asked the Archbishop to take the test before me, because I feared for my results. For, even though I am Prime Minister, I, too, am only human.

Furthermore, His Majesty launched the national operational plan for the "Know Your Status" campaign during the World AIDS Day commemoration last year. The "Know Your Status" campaign is regarded as the gateway to universal access to prevention, treatment, care and support services.

We have also made headway in addressing the issues of human rights, stigma and discrimination, which are central to an effective response. A significant milestone was made with the launch of the Lesotho Network of People Living with HIV and AIDS in May last year, based on the principle of greater involvement of people living with HIV and AIDS in the fight against the pandemic. The supportive environment of our national HIV and AIDS policy, complemented by a proposed HIV and AIDS bill, will ensure that stigma and discrimination are dealt with once and for all.

We have mobilized and committed our limited resources in our struggle to beat the pandemic. Our major challenge has been to provide adequate human, physical and financial resources commensurate with the magnitude of the problem and level of effort required to address the HIV and AIDS threat. Our efforts in building capacity, motivation and retention of competent health professionals have been undermined by the huge exodus to greener pastures in the developed world. Compensation from our meagre funds is not adequate to alleviate the brain drain. Surely those in the developed world who benefit from this brain drain must put their money where their

mouths are by helping us retain and motivate our health professionals instead of continuing this unscrupulous haemorrhaging of our professionals.

While we commend funding pledged to our plight from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and other international development partners and financing agencies, we do, however, advocate for "pool or basket funding", as well as debt relief, in order to make adequate resources available to fight the epidemic. We must also urge strongly — that all stakeholders ensure that the funds do reach and benefit the target groups of orphans and the infected as well as the affected, instead of paying huge salaries to external consultants.

On the subject of debt relief in the context of resource mobilization for HIV and AIDS, I find it inexcusable, if not sinful, that the Group of Eight and others in that bracket have not yet deemed it right and reasonable to cancel debt for all least developed countries. Sub-Saharan Africa is touted as the epicentre of the pandemic, but we have yet to see a commensurate commitment of resources in that region. It is time to put our money where our mouth is: to put up or shut up. There cannot be any economic development or any technological development to talk about unless and until we subdue and defeat the HIV and AIDS pandemic.

To conclude, I heartily and happily pay deserving tribute to Secretary-General Kofi Annan for mainstreaming the fight against the HIV and AIDS pandemic in the work of the United Nations system. His leadership in spearheading the mobilization of resources through the Global Fund and the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the missionary zeal and efforts of his Special Envoy, Ambassador Stephen Lewis; Ambassador Holbrooke of the Global Business Coalition; Mr. Peter Piot of UNAIDS; Mr. Feachem of the Global Fund; and other generals in this war are highly commendable.

More often than not, we come here to set lofty goals for Members of the United Nations, but fail to walk the walk. Kofi Annan has pointed out the stars to us. Let us not see only the tip of his finger, but the stars beyond it.

The President: The Assembly will now hear an address by His Excellency Mr. Suchai Charoenratanakul, Deputy Prime Minister of Thailand.

Mr. Charoenratanakul (Thailand): First of all, I would like to congratulate the United Nations on organizing this critical meeting to address HIV and AIDS. On behalf of the Royal Thai Government, let me reiterate first and foremost Thailand's strong commitment to responding to the challenges posed by AIDS, be they at the local, regional or global level.

Thailand is one of a growing number of countries that have reduced the rates of HIV infection through effective prevention programmes. We estimate that, to date, we have already prevented more than 6 million Thais from becoming infected by HIV, yet our work to address HIV infection in Thailand is far from over. Thailand has suffered under the burden of HIV infections, with more than 1 million Thais cumulatively infected by HIV. While up to half of those have already passed away, more than 500,000 Thais are living with the burden of HIV.

Consequently, Thailand — like many other countries represented in this Hall today — must fight and decisively win the battle against HIV. Initially, we must fight to ensure universal access to prevention services for high-risk population groups. In response to the global universal access initiative being effectively spearheaded by the United Nations and the Joint United Nations Programme on HIV/AIDS (UNAIDS), Thailand has proudly announced a commitment to reducing new HIV infections by half by 2010. We plan to renew our preventive efforts among vulnerable groups, including men who have sex with men, sex workers, intravenous drug abusers and youth.

At the same time, we must fight to guarantee universal access to treatment for all individuals and communities. The Royal Thai Government has already integrated antiretroviral treatment into Thailand's national health programmes so that all Thais are guaranteed access to antiretroviral medications. Expanding local Government social services will improve access for at least 80 per cent of affected individuals, including vulnerable children, orphans and the elderly.

The effective mobilization of all sectors of Thai society, as well as our international partners, will be an essential part and pillar of the success of those ambitious efforts to ensure an effective and comprehensive national and local response to HIV. Civil society partners, who have contributed significantly to Thailand's successes over the past 20

years, will continue to have a critical role to play, in close partnership with central, provincial and local Government implementing partners. Another essential pillar of those efforts is the availability of the human, material and financial resources needed to fight the battle.

Thailand is proud to stand hand in hand with all here today in this Hall to renew the historic commitment we made five years ago to addressing AIDS. Thailand will continue to do all it can to protect our people and the world from HIV infection, and to provide the treatment and support needed by all affected by AIDS. We commit ourselves to furthering our support, in collaboration with our local and international partners at the national, regional and global levels, to achieve our common goal in the spirit of partnership that this meeting represents.

The President: The Assembly will now hear an address by Her Excellency Mrs. Ishengul Boldjurova, Acting Deputy Prime Minister of Kyrgyzstan.

Mrs. Boldjurova (Kyrgyzstan) (*spoke in Russian*): The Kyrgyz Republic, as a party to international agreements, has complied with its obligations in accordance with international agreements and ratified conventions, including the Declaration of Commitment on HIV/AIDS.

Unfortunately, the economic difficulties of the Kyrgyz Republic have placed a considerable part of the population in difficult circumstances. Migrant workers are leaving for countries with a higher prevalence of AIDS. Unfortunately, drug use and sexually transmitted diseases are on the increase, and inadequate funding for health organizations has led to the danger of infectious diseases being spread through blood transfusions and other medical procedures. Unfortunately, over the past five years, the total number of officially recorded cases of AIDS and HIV among the citizens of the Republic has increased by a factor of 50; in the hardest hit area, the province of Osh, they increased by a factor of 200 between 1987 and 2000.

The State is taking preventive measures against the epidemic. The State AIDS policy is implemented on the basis of a multisectoral approach that includes the participation of the Government, civil society, people living with AIDS and all interested organizations and partners within the framework of the Government programmes.

A new law was adopted in 2005, supplementing the law on HIV/AIDS. Legislative bills to make drug policies more humane are currently before Parliament for ratification. Other legislative actions and law enforcement practices aimed at the decriminalization of vulnerable sectors of the population are in the works. In accordance with the initiative of the United Nations, we have established a centre in the Office of the Prime Minister to coordinate monitoring in the field of AIDS. In June 2005, we approved a governmental multisectoral coordinating committee to combat AIDS, tuberculosis and malaria. With the support of international organizations, we have developed a State programme covering the period 2006-2010 to combat the AIDS epidemic and to address its socio-economic consequences. The programme will be based on national law, human rights considerations, overcoming stigma and discrimination and developing partnerships in accordance with international obligations.

However, as I have stated here, carrying out those efforts will be very difficult without the necessary resources. The leadership of the Kyrgyz Republic hopes that parliamentary commitment and Governmental leadership, along with the efforts of non-governmental organizations, the support of the donor community and international experience in combating AIDS, will make it possible to prevent the further spread of AIDS and all its socio-economic consequences. I hope that the declaration to be adopted today will constitute a very important document in halting the epidemic threatening the world today.

The President: The Assembly will now hear an address by Mr. Pham Gia Khiem, Deputy Prime Minister of Viet Nam.

Mr. Pham Gia Khiem (Viet Nam): Humankind is today at a crucial stage in the fight against HIV/AIDS. In the last five years, the number of HIV-infected people, especially in developing countries, has continued to rise. HIV prevention programmes have yet to reach the most vulnerable groups. Four of the six global targets set out in the Declaration of Commitment on HIV/AIDS are still far from being achieved, and little progress has been made in developing new drugs and vaccines. All that makes the picture of our fight against the pandemic as gloomy as it is.

Encouraging signs include the growing concern among national leaders about HIV/AIDS, increased

financing for HIV programmes and steady progress in the area of treatment. However, we are by no means less concerned about our ability to turn back the pandemic in the next 10 years. That is why all of us must shoulder the responsibility to hammer out bolder and more effective measures to achieve the targets set in the 2001 Declaration of Commitment.

The Government of Viet Nam has always been determined to implement the Declaration of Commitment on HIV/AIDS. In the past five years, we have had initial success in the fight against AIDS. We have adopted a multisectoral national strategy. A national committee on HIV/AIDS has been established to bring together organizations, communities and people living with HIV/AIDS in the struggle against the pandemic. In the past five years, thanks to those efforts, the epidemic has been brought under control as regards high-risk groups. In addition, the spread of HIV/AIDS has shown signs of slowing in the past three years. Our target is to bring down the prevalence of HIV/AIDS to below 0.3 per cent by 2010.

Our success to date would not have been possible without strong political will, the active participation of the entire political system and society at large and the assistance of the international community, especially the United Nations.

Experience over the past five years shows that, in order to fulfil our commitments under the 2001 Declaration, we must first continue to place the fight against HIV/AIDS at the forefront of the international agenda. Special attention should be paid to the issue of children and HIV/AIDS. In that regard, Viet Nam organized the first ever East Asia and Pacific region consultation on children and HIV/AIDS in March 2006.

Secondly, developed countries should be encouraged to transfer technologies to developing countries in order to reduce the rate of HIV/AIDS infection, which would be beneficial to the entire international community.

Thirdly, regional and subregional cooperation should be strengthened in order to prevent and control the cross-border spread of HIV/AIDS. In that regard, it is necessary to make cooperation programmes part of regional and subregional arrangements.

The President: The Assembly will now hear an address by Mr. Yoshiro Mori, former Prime Minister of Japan.

Mr. Mori (Japan) (*spoke in Japanese; English text furnished by the delegation*): I am honoured to have this opportunity to speak before the General Assembly.

I dream of a world free of HIV/AIDS. I believe that dream is shared by all the world leaders assembled here today. At this moment, many people all over the world are struggling to live with HIV/AIDS, and many doctors, nurses and health and aid workers are devoting themselves to relieving the physical suffering and mental agony of the victims of HIV/AIDS. Together with everyone in the General Assembly Hall, I would like to pay heartfelt tribute to the courage of those who live with HIV/AIDS and to the dedication of those who stand behind them.

I feel honoured to have been in a position to promote international cooperation on HIV/AIDS issues. For the first time in the history of summits of the Group of Eight (G-8), the 2000 Kyushu-Okinawa Summit, over which I presided, took up the issue of infectious diseases, including HIV/AIDS, as one of the main topics on its agenda. The G-8 leaders at the meeting set numerous targets and agreed to mount a global response to the scourge of infectious diseases.

That has driven the international community to new heights in its campaign against HIV/AIDS. Indeed, I recall with deep emotion that the Millennium Development Goals set an important target in the fight against HIV/AIDS. That was followed by the Declaration of Commitment on HIV/AIDS and the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Global Fund and other agencies have played a central role in raising awareness of the need for a truly worldwide endeavour and strategy against HIV/AIDS. That has been translated into a number of concrete actions. It is widely recognized that, for those actions to be truly effective, it is vital that all stakeholders cooperate across national borders. That includes not only Governments, but also people living with HIV/AIDS, non-governmental organizations, the private sector, private foundations, and others.

In 2004, leaders in the private sector in Japan established the Friends of the Global Fund, Japan, of

which I serve as President. That association aims to enhance national support for the Global Fund. It also encourages and promotes cooperation among countries in East Asia.

The problem of HIV/AIDS is closely linked to such issues as poverty, development, peace and stability, social prejudice and governance, all of which require a long-term approach. I believe that it is essential to achieve greater access to prevention, care, support and, in particular, treatment — access to which should be universal by 2010. We must win the fight against HIV/AIDS by setting such medium-term goals, implementing them and reviewing them periodically at the United Nations.

As part of its efforts in this area, the Japanese Government pledged last June that it would increase its contributions to the Global Fund and would donate half a billion dollars over the coming years; since the Fund's inception, we have contributed $480 million. Our Government's commitment to the Global Fund remains firm.

The fight against HIV/AIDS is an embodiment of the idea of human security, which stresses the importance of protecting human lives and preserving human dignity.

In rugby — a sport I love — the players' motto is "One for all, all for one". Let us make a joint team effort, with one working for all and all working for one, so that, when we next meet, we will be able to agree that we have scored many tries against HIV/AIDS.

The President: I thank the former Prime Minister of Japan for having introducing the subject of rugby into the General Assembly. All for one and one for all!

We have heard the last speaker for the first part of the High-level Meeting. Before proceeding further, I would like to consult members regarding an organizational matter.

Members will recall that, at its 83rd meeting, on 30 May, the General Assembly decided that Ms. Khensani Mavasa of the Treatment Action Campaign would speak at the High-level Meeting as the representative of civil society. We have received a request that the civil society representative be replaced by the alternate speaker, the Reverend Canon Gideon Byamugisha, of the African Network of Religious Leaders Living With and Personally Affected by HIV and AIDS.

May I take it that the Assembly decides to accept that suggested change of speaker?

It was so decided.

The President: We shall now begin the two parallel segments of the High-level Meeting of the General Assembly on HIV/AIDS so that we can complete the meeting in time for adoption of the political declaration as early as possible.

I would like to remind members that, immediately following the suspension of the meeting, parallel segments A and B will be held in Conference Rooms 2 and 3, respectively.

The meeting was suspended at 11.10 a.m. and resumed at 11.30 a.m. in Conference Rooms 2 and 3 in two parallel segments, in accordance with a decision taken by the Assembly at its 85th meeting, on 1 June 2006.

[President Eliasson and then Vice-President Loizaga (Paraguay) presided over segment A, and Vice-President Myw Oo (Myanmar) and then Vice-President Kyaw Tint Swe (Myanmar) presided over segment B. The two segments are combined below and the individual presiding is identified as "The President".]

The President: I now give the floor to Her Excellency Mrs. Ursula Haubner, Federal Minister for Social Security, Generations and Consumer Protection of Austria, who will speak on behalf of the European Union.

Mrs. Haubner (Austria): I have the honour to speak on behalf of the European Union. The acceding countries Bulgaria and Romania, the candidate countries Turkey, Croatia and the former Yugoslav Republic of Macedonia, the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina and Serbia and Montenegro, as well as Ukraine and the Republic of Moldova, align themselves with this statement.

Due to the limited time, I refer the members of the General Assembly to the written version of the European Union statement that has been distributed in the room.

The consultations that have taken place during the past few days have given us an overview of the milestones reached in the fight against HIV/AIDS since the adoption of the Declaration of Commitment five years ago. Despite the progress made, however, much still needs to be done. Allow me therefore to focus my oral statement on future needs.

The European Union recognizes that the 2005 global commitments on HIV/AIDS, which agreed to scale up efforts for universal access to prevention and treatment by 2010, must be in line with making HIV/AIDS prevention part of a cross-sectoral approach to all health services, as defined in the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action. Such services include those providing maternal and reproductive health services.

Taking that needed cross-sectoral approach also means that sectors such as those of education, transport and defence must be part of the response. As we scale up, it is important that we reinforce the Declaration of Commitment (resolution S-26/2, annex) agreed and signed by all Member States here five years ago. The indicators developed and the lessons learned will support us in our progress towards meeting the targets that have been set.

Access to antiretroviral treatment has improved markedly over the past two years. Sustainable access to treatment for those in need has been reached in a considerable number of countries. However, there is no room for complacency. Despite the progress made in some places, the situation is different in those countries that are most in need. There has been no substantial increase in access to antiretroviral treatment for injecting drug users nor in the prevention of mother-to-child transmission. While the "3 by 5" initiative played an important role in scaling up, further efforts are needed to reach the goal. The objective of containing the pandemic and even reversing trends is far from being reached, despite our renewed and increased efforts.

We therefore recommend making use on the largest scale possible of the flexibilities foreseen in the Agreement on Trade-Related Aspects of Intellectual Property Rights. Those flexibilities should not be restrained by free trade agreements and should be combined with measures to avoid the taxation of antiretroviral treatment.

Large-scale implementation of harm-reduction programmes is necessary — including needle-exchange programmes, which have been proven effective. The European Union also underlines the importance of research into new preventive technologies, notably vaccines and microbicides.

The European Union recognizes that the poor have limited access to education, health services, stable livelihoods and food, and that they are therefore often forced into situations that make them more vulnerable to HIV/AIDS exposure and infection. Such vulnerability is often aggravated in humanitarian contexts. The EU therefore regards HIV/AIDS as a cross-cutting challenge concerning all aspects of development that requires an urgent response.

In order to be able to combat HIV/AIDS efficiently, we must address the structural determinants that underpin the HIV epidemic. That requires both action to reduce poverty and placing the protection, promotion and observance of human rights — including gender equality and the elimination of gender-based violence, stigma and discrimination — at the foundation of all AIDS policies and programme planning and implementation.

In formulating that response, stakeholders — including persons living with or affected by HIV/AIDS — must be central players in shaping policies and the developing services that meet their needs and must be part of holding Governments and the international community accountable for progress, as agreed at the 1994 Paris summit in the GIPA principle — Greater Involvement of People Living with or Affected by HIV/AIDS.

The European Union firmly believes that, in order to be successful, HIV-prevention efforts should be comprehensive and evidence-informed. To be effective, such efforts must ultimately employ all possible approaches known to produce results, instead of relying on the implementation of one or several selective approaches.

The European Union welcomes the HIV-prevention strategy contained in the policy position paper adopted by consensus by the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The EU would further like to urge UNAIDS and its co-sponsoring organizations to follow up with a concrete work

programme to fulfil the goals of the prevention strategy.

The European Union notes with concern that HIV/AIDS has an increasingly young and female face. Strategies to curb HIV/AIDS cannot succeed without addressing the specific needs of women and girls, who continue to bear the brunt of the pandemic. It is of immense importance to empower women and to ensure their access to prevention, treatment, care and support, as well as their inclusion in the decision-making process.

The stigma associated with HIV/AIDS and the resulting feared, or actual, discrimination are known to be among the most difficult obstacles to effective HIV prevention.

The European Union very much welcomes the integrated approach of this Meeting, which allows governmental actors and representatives of civil society to exchange views in a frank manner. That is the only viable approach to dealing effectively with HIV/AIDS. Civil society, and in particular people living with HIV and AIDS, plays a central role on the front lines of the response — shaping, implementing, monitoring and evaluating policies, providing services and raising awareness. We hope that that inclusive and fruitful spirit will serve as an example for future meetings.

The European Union also welcomes the efforts of the United Nations, in particular the support provided by UNAIDS, in providing technical assistance at the local level — a key measure of success in fighting the pandemic.

The European Union acknowledges the progress made in recent years in generating financing to respond to the pandemic, but it is concerned about the gap that exists with regard to funding in the coming years. The EU recognizes the important role of the Global Fund to Fight AIDS, Tuberculosis and Malaria as the leading financial mechanism to confront those three communicable diseases. The EU has provided more than 50 per cent of the total contributions to the Fund.

The factors that fuel this pandemic must be addressed head-on: poverty and social and gender inequalities and injustices. We need to overcome the barriers to universal access that still exist in the form of stigma, discrimination, gender inequality and other human rights violations. We will need to address the human, social, health and economic consequences of HIV/AIDS, such as the orphaning of generations of children, the undermining of the cohesion of the social fabric at the local level and the stripping of human and institutional capacities. We must redouble our efforts globally and nationally. Committed leadership at all levels of society and stronger international partnership between Governments, civil society, the business community, the private sector and the United Nations will be required to meet our common targets.

The European Union would like to underline the importance of using available resources as efficiently as possible. Passivity is our worst enemy.

The President: The next speaker on my list is The Honourable Leslie Ramsammy, Minister for Health of Guyana, who will speak on behalf of the Rio Group. I now give him the floor.

Mr. Ramsammy (Guyana): The members of the Rio Group, on whose behalf it is my honour to speak, welcome the opportunity of this High-level Meeting on HIV/AIDS to renew our commitment to the global struggle against this pandemic. We are fully committed to universal access to prevention, treatment, care and support by 2010.

Progress has been made since 2001. Advances have been noted in financing for HIV programmes in some developing countries. The establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria is contributing positively to global efforts. Access to antiretroviral therapy has increased, and successes are being increasingly recorded in the area of prevention.

What is clear, however, is that the progress made thus far has not been enough to turn the tide of the disease. As the report of the Secretary-General points out, in 2005 there were more new infections and more AIDS deaths than ever before. The Rio Group shares his conclusion that unless the HIV/AIDS response becomes substantially stronger, more strategic and better coordinated, the world will not achieve the 2010 targets set out in the Declaration of Commitment. We therefore call for an urgent scale-up of the global response to a level commensurate with the challenge posed by the scourge.

Rio Group countries are making substantial efforts to counter the spread of HIV/AIDS, despite limited access to external resources for that purpose. However, experience with HIV/AIDS is not uniform

among our countries. Several have developed significant capacities in combating the pandemic, and some have been successful in containing, if not reversing, it. Some continue to struggle with prevalence rates above 1 per cent. Nonetheless, several of our countries were included among the 18 countries that met the "3 by 5" targets at the end of 2005. From our experiences on the ground, Rio Group countries are drawing important lessons in the fight against HIV/AIDS, and many are engaging in active programmes of South-South cooperation, both within the region and further afield.

On behalf of the Rio Group, allow me to outline some of our concerns in the fight against HIV/AIDS.

Rio Group countries have concerns about funding arrangements for countries of Latin America and the Caribbean. For example, while the Global Fund to fight AIDS, Tuberculosis and Malaria is intended to support the efforts of low- and middle-income countries to deal with the pandemic, we worry that its doors remain closed to the majority of countries of the region. The countries of the Rio Group call for solidarity, not exclusion. We are concerned that after more than 35 years, most of the developed countries have not met the goal of 0.7 per cent of gross national product targeted at official development assistance.

We support the "three ones" initiative, but we have concerns that international partners do not always promote national stewardship of the fight against HIV/AIDS by working within a national HIV/AIDS framework.

Poverty remains a major obstacle in the fight against HIV/AIDS. Debt relief is necessary for many of our countries if we are to reduce poverty, but the process remains slow and preconditions impede rapid progress.

Universal access to prevention, treatment, care and support is stymied by the lack of access to affordable drugs and medical and other supplies. While first-line drugs have become affordable, second-line drugs, laboratory reagents and other supplies remain unaffordable. We support initiatives to ensure quality products, but such initiatives must not serve as a pretext for restricting access to affordable commodities and for trade protection. In this regard, we commend those countries that have played a pioneering role in promoting accessibility to affordable antiretroviral drugs. The Rio Group calls for global efforts to remove barriers such as pricing policies, tariff arrangements and regulatory policies that essentially make the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement meaningless. The Rio Group reaffirms its firm commitment to the Doha Declaration on TRIPS and Public Health.

Several of our countries, including my own country, Guyana, have the capacity to produce quality generic drugs. Such capacities should be promoted, not discouraged. Many of our countries are constrained by human resource difficulties. The migration of health personnel, including nurses, to developed countries is impeding effective responses to HIV/AIDS at the national level. A global effort to mitigate that constraint is needed now. Similarly, efforts need to be intensified to facilitate transfer of the requisite technology and to support the development of health infrastructure to strengthen the national HIV/AIDS response.

While acknowledging the development of technologies over the past 25 years, we are concerned about the slow progress in the development of a vaccine and a microbicide, and urge heightened efforts in this regard.

The Rio Group remains firmly committed to the full realization of human rights and fundamental freedoms for all, and considers that to be an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support.

We are concerned about the increasing impact of HIV/AIDS on women, young girls and children. We call for a stronger commitment to gender equality and the empowerment of women, to full respect for the rights of women, young girls and children and to their protection from all forms of violence.

Addressing stigma and discrimination is fundamental to the fight against the HIV/AIDS pandemic. However, even as the world proclaims its commitment to fight against stigma and discrimination, some countries require HIV/AIDS testing as a condition for entry, breaching the right to free movement.

Our Group remains concerned about the high HIV prevalence rates in certain vulnerable groups within our societies. We are committed to addressing that situation, including by ensuring full access to all

HIV/AIDS services and the protection of the rights of individuals in those groups.

If it is to be successful in the battle against HIV/AIDS, the world needs a comprehensive approach involving all stakeholders and addressing all dimensions of the challenge. From the Rio Group perspective, such an approach would be incomplete if it failed to fully address the concern to which I have alluded.

The Rio Group countries negotiated the commitment that we will undertake later as a group. We add our support to it.

The President: May I respectfully request delegations to honour the three-minute time limit to which we agreed earlier.

I now give the floor to His Excellency Mr. Hilary Benn, Secretary of State for International Development of the United Kingdom.

Mr. Benn (United Kingdom): I would like to begin by associating the United Kingdom with the statement we have just heard delivered by Mrs. Haubner on behalf of the European Union.

In three days' time, it will be exactly 25 years since AIDS was first discovered. Twenty-five years in which millions have wept as they watched those they loved taken from them by this terrible disease. Twenty-five years in which every one of our countries has had to face up to this epidemic. Twenty-five years to reach this moment when, finally, we know what needs to be done to defeat this disease, and when all that remains is for us to find both the means and the will to act.

One of the reasons we are here today is because last year the G-8 and the World Summit agreed that we needed a way forward as a world: plans for HIV prevention, treatment and care to get us as close as possible to universal access to treatment for all who need it by 2010. Our job today is to find that way forward so that we can move ahead and make it happen. So what do we need to do?

First, countries on the front lines of the fight against AIDS must set out how they intend to defeat it. We need costed plans for AIDS — linked to 10-year health plans — to build the clinics and the hospitals, get rid of the user fees that prevent people from seeking help, employ the doctors and the nurses, do the tests, buy the antiretroviral drugs and offer treatment. Universal access will be impossible unless decent health care for all becomes available in every community, village, town and city.

Secondly, no costed and credible plan should go unfunded. I am very glad that we have that in the draft declaration before us today. Every one of us has a responsibility to ensure that the money is there. The international community has got to back these AIDS plans with long-term predictable funding for health and education. That is why increased aid matters. That is why replenishing the Global Fund matters. That is why the United Kingdom is playing its part as the second-largest donor on AIDS in the world.

Thirdly, these AIDS plans have got to have targets so we can measure progress — how we are doing — country by country. That is why we needed interim targets for 2008 in the draft declaration before us today, so that we can see how far we have got, and how far we have yet to go, to reach our goal by 2010. We have got those targets in our draft declaration.

Fourthly, we need to recognize that tackling AIDS is not only about money. It is also about culture. It is about social attitudes. It is about recognizing that, while treatment is the key to keeping alive people living with AIDS today, prevention is the key to achieving an AIDS-free generation tomorrow. Above all, it is about being honest about what the problem is and telling the truth about what works.

If I may say so, I wish we could have been a bit more frank in the draft declaration about telling the truth: the truth that some groups — like sex workers, drug users and men who have sex with men — are more at risk; the truth that some young women and men, out of choice or necessity, exchange sex for money and for food; the truth that stigma, discrimination and the unequal position of women and girls in societies make it more difficult to fight this disease; the truth that accurate information about access to sexual and reproductive health and rights, and upholding human rights, all matter in this fight; the truth that condoms protect people from HIV; the truth that clean needles stop injecting drug users from passing on HIV; and the truth that abstinence is fine for those who are able to abstain, but that human beings like to have sex. And I do not think people should die because they do have sex.

I recognize that some of those truths are difficult and uncomfortable. Let us be honest. But I would

simply say that we cannot let discomfort, which is temporary, get in the way of saving lives — because, after all, dying is permanent — just as we cannot let prejudice get in the ways of the facts. It is the facts — 25 million human beings dead already, 40 million living with the HIV virus and 15 million children who have lost the two people they cared for most in the world, their mothers and fathers — that cause us to be here today. It is our responsibility to make sure that 25 years from now we can look back and say, We faced the facts, we saw what was needed, and we did it.

The President: I now give the floor to His Excellency Mr. Mohamed Cheikh Biadillah, Minister for Health of Morocco.

Mr. Biadillah (Morocco) (*spoke in French*): I should like at the outset to pay tribute to the Secretary-General, Mr. Kofi Annan, for the essential role that he is playing in mobilizing the international community in the fight against the terrifying pandemic of AIDS.

In spite of the achievements made since the adoption of the 2001 Declaration of Commitment, especially with regard to increased funding and improved access to prevention, treatment and support services, the number of HIV/AIDS infections is continuing to increase every year, as is the number of people living with HIV/AIDS and the number of AIDS-related deaths.

It is clear that poverty, destitution and exclusion remain considerable obstacles to universal access to such services. It is therefore crucial to revitalize available tools for cooperation and partnership, with a view to removing those obstacles and thus reaching the minimum spending threshold of 0.7 per cent of gross national product on official development assistance; achieving debt cancellation for poor countries; facilitating access to international markets; reducing the cost of laboratory equipment and antiretroviral therapies; strengthening triangular cooperation, especially South-South cooperation; and reawakening the countries of the North to their responsibility for the countries of the South, especially African ones, which bear the heaviest burden with respect to this scourge.

Those are a few of the measures which can help fight this fearsome pandemic. However, the quest for innovative financing mechanisms remains vital. In that context, the reconversion of debt for countries with high rates of HIV as a means of financing the fight against AIDS would substantially help those countries. In that context, we would like to welcome the French initiative, which has the support of several countries.

Following the 2001 Declaration of Commitment, the Kingdom of Morocco witnessed an extraordinary mobilization, promoted by His Majesty King Mohammed VI. A strategic national plan has been put in place to combat AIDS. The plan garnered broad consensus among the Government, non-governmental organizations and our international partners. The plan provides for voluntary, free and anonymous testing, and combination therapy is free and widely available. All media are holding awareness and information campaigns; action is being undertaken to assist the most vulnerable segments of the population, especially through non-governmental organizations; and young women and girls are accorded great importance under the strategy.

One of our main strategies is, without a doubt, the implementation of the national initiative for human development, launched by His Majesty. The initiative is an integrated strategy aimed at fighting vulnerability, poverty and exclusion and at empowering women. The initiative has enhanced our strategy for fighting AIDS and has given rise to hope, especially as concerns equal access to treatment.

The President: I now give the floor to The Honourable Richard Nchabi Kamwi, Minister of Health and Social Services of Namibia.

Mr. Kamwi (Namibia): This High-level Meeting offers all of us an important opportunity to assess progress and to set priorities to further expand and strengthen the response against the HIV/AIDS pandemic. In that regard, we thank the Secretary-General for his thought-provoking report, which indeed sets the tone for this very important gathering.

In line with the Declaration of Commitment, Namibia has introduced a programme for the prevention of mother-to-child HIV transmission using antiretroviral medicines. All 34 public hospitals in Namibia are implementing that programme. We have also introduced a programme for antiretroviral therapy. That programme has been rolled out to 90 per cent of State hospitals and, together with the private sector, provides treatment to up to 50 per cent of those eligible.

We are implementing a comprehensive prevention strategy that goes far beyond the ABC approach. It

includes life skills education for young people who are in school and not in school, the promotion of the rights of women, children, vulnerable groups and people living with and affected by HIV/AIDS, and the provision of comprehensive workplace programmes. In addition, we are implementing a broad health-sector response that incorporates voluntary and routine counselling and testing services, the prevention of mother-to-child transmission, the diagnosis and treatment of sexually transmitted infections, and safe blood and safe injections programmes.

We are currently in the process of implementing a national coverage and sentinel survey, which will give us a better understanding of the progress being made towards reaching our target populations across all the regions of the country. That will enable us to identify areas where progress is slow and where we need to redouble our efforts. That information will also enable us to mobilize further resources for our expanded national response, both from within the country and from additional sources such as the Global Fund and the President's Emergency Plan for AIDS Relief, among others. We intend to strengthen integrated community responses, workplace programmes and specific response strategies in those regions, and for those specific target groups, where access to a comprehensive service package remains inadequate.

Strong partnership is key to a successful expanded response. I would like to express our appreciation of the active participation of civil society in our meeting. In my country we value the important difference that civil society can make in our response to the epidemic. We therefore intend to enhance and facilitate the resourcing of all our important players over the coming five years. However, we are confronted by the inadequacy of resources, both human and financial. That remains our challenge. We therefore need external support.

Finally, Namibia remains firmly committed to the implementation of the African Common Position adopted at the 2006 special session of the African Union, held in Abuja, as well as the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex).

The President: I give the floor Her Excellency Ms. Tabitha Botros Shokai, Minister of Health of the Sudan.

Ms. Shokai (Sudan) *(spoke in Arabic)*: We have followed with interest all of the efforts undertaken, including those made by the President of the General Assembly and by members of delegations during the sixtieth session of the Assembly. This session has witnessed several achievements, especially in the context of United Nations reform, in keeping with the principles set out by the founding fathers of the Organization 60 years ago. We wish to offer our congratulations on these achievements. We would like also to congratulate Mr. Eliasson on his appointment to the post of Minister for Foreign Affairs of Sweden, a post of which he is certainly deserving.

My delegation fully endorses the statement made by Mr. Sassou Nguesso, President of the Republic of the Congo and current Chairman of the African Union. He described, with clarity and frankness, the situation prevailing today on the African continent.

The Sudan has been a victim of the AIDS scourge for several years now. There are several reasons for this: its extensive geographical borders, the internal armed conflicts and border troubles, as well as climatic changes and other difficulties that exacerbate the continuing problem of poverty. Indeed, the vulnerable poor become the victims of this destructive scourge.

In addition, the Sudan is suffering from the effects of unilateral measures which have stunted its economic growth and interrupted its development cycle. The people of the Sudan have been unable to obtain adequate financial, technical and medical support, including essential medicines. This has had a negative effect on prevention and treatment services and on the fight against AIDS in general.

Notwithstanding the negative factors I have mentioned, the Government has given priority to the achievement of peace and stability through peaceful solutions to domestic conflicts. Its determination to bring about peace, coupled with the support of the international community, has enabled us to reach a comprehensive peace agreement that has put an end to a 20-year war. The achievements we have accomplished include the formation of the current Government of National Unity. This Government, with the assistance of the African Union and the international community, was able to achieve the Darfur peace accord, which was signed by the armed factions in Darfur and by the civilian and political leaders of the other factions and parties concerned. We

therefore call on the other parties concerned to give priority to reaching consensus and achieving peace in order to bring about stability.

We will endeavour to focus our efforts on development and construction, and we will make every effort to fight against all destructive diseases, including, first and foremost, AIDS.

The fight against AIDS is one of the top priorities of the Government of National Unity, as reflected in its political commitment and in the implementation of the AIDS Declaration. The fight has been led by the President and Vice-President of the Republic and the President of the South Sudan Government. Thus we have put in place a single national policy which takes into account all of the efforts being made to combat this scourge.

We also have a national strategy through the year 2009 that focuses on education and involves women, young people, students and various political parties, as well as medical treatment services, so that we can make those services available to all. We will also endeavour to enact the laws necessary to put an end to all forms of discrimination in order to achieve total integration.

On behalf of the Sudanese Government of National Unity, I wish to express appreciation to the United Nations and its agencies, and especially to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We thank them for all the technical and financial assistance they have provided our country. We await further assistance so that we can confront this scourge and attain peace in our region.

The President: I now give the floor to Her Excellency Ms. Sheila Dinotshe Tlou, Minister for Health of the Republic of Botswana.

Ms. Tlou (Botswana): It is an honour and a privilege to address this High-level Meeting of the General Assembly, whose objective is to review the implementation of interventions against a problem that touches our lives.

Ever since the first AIDS case in Botswana was diagnosed in 1985, the severity of the epidemic in the country has grown rapidly, as reflected by the prevalence rate among pregnant women — which had risen to more than 30 per cent by the late 1990s. At the same time, we were experiencing rising hospital-bed occupancy and mortality rates.

Recognizing the socio-economic and development effects of the epidemic, we adopted a multisectoral response led by our President, whose leadership and commitment are demonstrated, among other initiatives, by his chairing of the National AIDS Council. It is because of that leadership and political commitment that our national response is central to our planning process, with all sectors on board, each playing a significant role within the one agreed national HIV/AIDS strategic framework.

In 1999, Botswana established a national programme to prevent mother-to-child transmission of HIV. That was part of the larger effort to prevent HIV infection and thus one of the key strategies in the national response. More than 83 per cent of HIV-positive pregnant women have enrolled in the programme, as compared with 28 per cent in 2002 and 61 per cent in 2004. Indeed, mother-to-child transmission of HIV has been reduced from approximately 40 per cent in 2002 to approximately 6 per cent in 2006. That outcome, coupled with increased treatment access, means that more and more children and their mothers are being saved.

We may still have a long way to go to achieve universal access, but for us in Botswana this trend demonstrates an opportunity for the early achievement of that ultimate target, even before 2010. In January 2002, my Government introduced a national antiretroviral programme offering free treatment to every citizen who meets treatment criteria. By the end of 2005, more than 50 per cent of the patients were already on treatment, thus exceeding the World Health Organization's "3 by 5" target for the country.

Botswana is fully committed to the Abuja Declaration. Our experience demonstrates that accessible, affordable and effective HIV treatment programmes can create a more favourable environment for HIV prevention. There are indications that suggest of a levelling-off of the epidemic, as shown by a 4 per cent decline in HIV prevalence among pregnant women — especially young women — between 2003 and 2005. Although it may be too early to celebrate that, we cannot help but be encouraged.

Despite our moderate achievements, we have had our share of challenges. The disease of heavy burden has directly affected our human resources, which are pivotal in the fight against the epidemic. It is therefore very important that, as we develop our national

strategic HIV/AIDS plans, we also incorporate a strong human resource component.

Stigma and discrimination continue to threaten the success of our programmes. To address that, we continue to actively involve males and other significant family members. The price of drugs and laboratory tests is a challenge to our budget. Thus there is a need to identify innovative strategies that will enable us to sustain our programmes.

Allow me to conclude by acknowledging and thanking all our collaborating partners for their financial and technical support. Let me also thank the Assembly for sharing experiences in the earnest pursuit of solutions that can work in our varied environments. Remember, we have a common enemy that we must fight together in true partnership, and we shall emerge victorious.

The President: I give the floor to His Excellency Mr. Celso Amorim, Minister for Foreign Affairs of Brazil.

Mr. Amorim (Brazil): First of all, let me express my support for the statement made by the Minister of Health of Guyana on behalf of the Rio Group. He expressed all the main points that we endorse.

The 2001 Declaration of Commitment (resolution S-26/2, annex) was a turning point in the fight against HIV/AIDS. The international community realized then that an effective strategy to confront the pandemic had to include access to treatment, along with prevention and support.

It was also clear that the cost of treatment should not be an impediment to the access of poor people to life-saving drugs, particularly in developing countries. Ever since the first antiretroviral drugs appeared, Brazil has adopted a policy of universal treatment. Drugs have been provided for free to all those who need them. The World Bank had estimated that 1.2 million people would have been infected in Brazil by the year 2000. The adoption of a policy based on free and universal treatment led to the reduction of those estimates by half. The number of AIDS-related deaths was also reduced by 50 per cent.

Since 2001, the response to the pandemic worldwide has become more consistent. The momentum created by the "3 by 5" initiative has also guided us to a more ambitions goal — universal access to treatment, prevention, care and support by 2010.

We need to encourage the production of antiretroviral drugs and active ingredients in developing countries. We should take advantage of the flexibility provided in the Doha ministerial declaration and subsequent agreements on trade-related aspects of intellectual property rights and health. The issue of affordability is crucial. We recognize the importance of intellectual property rights. But no right of a commercial nature can be upheld to the detriment of the right to life.

Innovative sources also have a role to play. Together with France, Chile, Norway and a group of other interested countries, Brazil has been engaged in an initiative to create an international drug purchase facility. This initiative has been conceived as a pilot project under the Action Against Hunger and Poverty, launched by President Lula in September 2004. We call on all interested countries to join in this endeavour.

Prevention is a key element of an integrated strategy. The use of condoms remains a scientifically accepted means of avoiding sexual transmission. Prevention must reach vulnerable groups, which are often subject to stigma and discrimination. HIV/AIDS prevention must be a part of sexual and reproductive health services. Special attention must be given to women. In fact, incidence of HIV/AIDS in women has been on the increase recently.

Financing remains central. The amount of resources made available must be increased. Africa is the region that has been most affected. It should continue to deserve priority attention. Additional resources will allow the international community to turn to other regions, including poor countries in Latin America and the Caribbean. Brazil has been implementing projects with more than 25 countries in Latin America and Africa. We share a common responsibility. The lives of millions of people depend on the decisions and commitments we make today.

The President: I now give the floor to His Excellency Mr. Philippe Douste-Blazy, Minister for Foreign Affairs of France.

Mr. Douste-Blazy (France) (*spoke in French*): I should like to read out a statement by Mr. Jacques Chirac, President of the French Republic.

> "In the fight against AIDS, the international community has undertaken two commitments: to ensure universal access to treatment by 2010 —

that is, by tomorrow; and to have reversed the progress of the pandemic by 2015. We must keep those commitments, because the current situation shows that the virus continues to spread, claiming more than 3 million lives per year. We see that the vast majority of sufferers are in the South and that medicines remain in the North. That situation is politically reprehensible, morally dangerous and economically absurd. It is even more unacceptable, given the fact that we have all the means necessary to succeed.

"In the North as in the South, Governments and civil societies are now mobilized; resources have increased tenfold since 2001; and the Global Fund, to which France is the second-largest contributor, has become a major force in the fight against the pandemic. Yet, of the 40 million infected people, only one and a half million have the benefit of antiretroviral treatments in the countries of the South. We have far to go, because, to meet immediate needs, we should already be providing treatment to 6 million. To achieve that requires a new political effort and a new economic effort based on five priorities.

"The first priority is to increase resources. We are halfway there, but we have reached a plateau. A new effort is essential. That means increasing official development assistance. In 2007, France will increase its contribution to the Global Fund to €300 million. It also requires the establishment of new financing mechanisms to raise the necessary resources for as long as required. That is the objective of the air-ticket solidarity contribution, which has now been adopted in principle by 14 countries. It will be implemented in France beginning on 1 July.

"Together with Brazil, Chile and Norway, we propose that the amounts thus raised be allocated to an international drug purchasing facility — which we call UNITAID — to supplement existing institutions, particularly the Global Fund. In that way, a new economic model will be established. By giving manufacturers the visibility they need to invest in research and new pharmaceutical production capacity and by consolidating price reductions, it will ensure that poorer countries have the capacity to provide access to effective treatment for everyone.

"The second priority is to strengthen coordination between bilateral and multilateral donors to support national strategies to combat AIDS. The international working group created in 2005 following the conference organized in London at the initiative of the Joint United Nations Programme on HIV/AIDS, France, the United Kingdom and the United States has made specific recommendations to avoid wastage and duplicated work. Those recommendations must be implemented.

"The third priority is to help countries of the South to strengthen their health services. That is clearly an essential accompaniment to national prevention and treatment efforts. I will put forward a proposal at the summit in St. Petersburg for an international initiative to look at health insurance mechanisms that are suitable for the poorest countries.

"The fourth priority is to continue to make the World Trade Organization's intellectual property rules more flexible in order to facilitate access to generic drugs.

"Finally, the fifth priority is research. Only a preventive vaccine can really curb the progress of the epidemic. To find one, we must improve international public and private cooperation. Through its National AIDS Research Agency, France is fully involved in international and European partnerships and in therapeutic and vaccine research programmes in Africa.

"For more than two decades now, we have seen the development of the AIDS virus. In its wake, we have seen millions of broken lives, orphans plunged into distress and violence, and social, economic and political disorder that hinder the development of entire continents, and particularly of Africa, which has paid the highest price.

"The scourge has reminded us of the threat to humanity posed by infectious diseases. In order to combat viruses that do not respect borders and that thrive on the failings of health services and in the fertile soil of poverty and exclusion, we must depioy the power of international cooperation and solidarity. What is at stake is nothing less than the future safety of humankind, human dignity and justice. Our

success so far has given us great hope. Let us now turn that hope into reality."

The President: I give the floor to His Excellency Mr. Francisco Duque III, Minister of Health of the Philippines.

Mr. Duque (Philippines): The Philippines is pleased to be part of this global assembly to review the progress achieved in realizing the targets set out in the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and to ensure the continuing engagement of world leaders in a comprehensive response to HIV and AIDS.

Despite a low prevalence rate in the Philippines, an increasing threat of a full-blown epidemic prevails. Our presence here today affirms our steadfast commitment to securing the gains of 22 years of HIV and AIDS response in the Philippines and to addressing critical challenges.

Since we affirmed our support for the General Assembly's Declaration of Commitment in 2001, the country, through the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been scaling up prevention, targeting the most at-risk groups, such as sex workers, men who have sex with men and injecting drug-users. We are also expanding the programme, targeting migrant workers through, inter alia, inter-country collaboration with our partners in the Association of Southeast Asian Nations (ASEAN). Further, we are establishing a national monitoring and evaluation system for HIV and AIDS based on the "three ones" principles promised by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and through the implementation of a second generation HIV/AIDS surveillance system.

Recently, we have included antiretroviral drugs in the National Drug Formulary and have set up a mechanism for the importation of affordable antiretroviral drugs. Under the present leadership, $400,000 has been allocated for the procurement of HIV/AIDS drugs and reagents on top of the catastrophic package that is provided by the national health insurance programme for in-patient care of its members who are HIV/AIDS patients.

It is also worth noting that the Philippine Congress has created a House Special Committee on the Millennium Development Goals (MDGs), which initiated a review in support of the Philippine AIDS Prevention and Control Act of 1998.

Finally, we would like to inform the Assembly that the business sector in our country has rallied behind the achievement of the MDGs and has committed full support to the country's efforts to combat HIV and AIDS.

An effective response to AIDS in the Philippines will require the implementation of our AIDS medium term plan for 2005-2010, which follows the principles of the Universal Access Initiative. This will entail an efficient and rationalized response to the AIDS epidemic based on the four pillars of the Philippine health sector reform initiative, also known as Formula One, namely, good governance, a strong regulatory mechanism, sustainable health-care financing and a responsive health delivery system.

We are concerned about the worsening global HIV situation where 5 million adults and children are reported to be infected each year. There are greater numbers of women and children being ravaged by the epidemic. Greater mobility and migration throughout the world require innovative approaches to enhance HIV prevention, treatment, care and support for those affected by the disease. Moreover, the response to these issues is still being hampered by the inaccessibility of affordable drugs and reagents, particularly in developing and least developed countries.

In this regard, my delegation hopes that this High-level Meeting will muster the political will to implement measures and strengthen partnerships at national, regional and international levels to overcome all barriers to universal access to treatment, taking into consideration respect for our fundamental human rights and dignity. Further, we advocate a paradigm shift to focus prevention strategies from mere risk reduction to a combination of risk, vulnerability and impact reduction.

On behalf of the Philippine Government, I reiterate our unfaltering commitment to global action, not only to stem the tide of this epidemic, but also to provide treatment, care and support to people infected with and affected by HIV and AIDS. We remain eager to work with partners and all stakeholders to achieve our targets and sustain our response over the long term.

The President: I now call on Her Excellency Mrs. Ulla Tørnæs, Minister for Development Cooperation of Denmark.

Mrs. Tørnæs (Denmark): Five years have passed since the first ever General Assembly meeting on the fight against HIV/AIDS. The 2001 meeting was a landmark event that made the fight against HIV/AIDS a key theme for our development efforts. It gave us the Declaration of Commitment, which still forms the basis of our struggle towards an AIDS-free generation.

Since 2001, the international community has shown commitment to making that fight strong in many ways, but, as is evident from the report prepared by the Secretary-General for this meeting, there is still no room for complacency. The figures tell us a story of "not good enough". They tell us how complicated the disease is; how it is affecting families, households, villages and countries in so many ways; and how poverty and inequality fuel the epidemic.

There has been progress since 2001. Most notably, financing for HIV/AIDS has increased substantially, but we are still far from the target of $22 billion that is the estimated need by 2008.

Denmark's national efforts in development financing are well known. For years Denmark has provided more than the 0.7 per cent target prescribed by the United Nations, and my Government has made a pledge that Danish official development assistance will not fall below 0.8 per cent. We are in an exclusive club of only five countries living up to that 30-year-old promise. We would welcome others to join us.

Last year, I presented a new strategy for Denmark's support for the international fight against HIV/AIDS. As a follow-up, I recently decided to double our funding for HIV/AIDS activities. With that increased support, we will continue our long-term and consistent support for strengthening the capacity of national health systems because an effective and sustainable response to the HIV/AIDS crisis — including efforts to treat more people — relies on strong, well-functioning national health systems.

Furthermore, Denmark will increase its assistance to reach more women and young girls with preventive services, to strengthen our cooperation with civil society and to help more orphans and vulnerable children.

But we not only need to do more — we also need to do better. Denmark is strongly committed to aligning its support with national strategies and plans. We will continue to give strong support to national leadership and coordination to ensure an even stronger, more coherent and more effective response to HIV/AIDS.

During the world summit in September last year, we jointly committed ourselves to increasing our efforts to combat the epidemic. We agreed that the goal of achieving universal access to reproductive health by 2015, set out at the International Conference on Population and Development, should be integrated into strategies to combat HIV/AIDS. We also decided that the Millennium Goals, including the goal of combating HIV/AIDS and other infectious diseases, should form the basis of national poverty reduction strategies. Taking the fight against HIV/AIDS forward, we should base ourselves on those commitments.

Reversing the spread of HIV/AIDS and reaching the goal of universal access to prevention, treatment and care will require a massive effort from us all. Denmark is ready to do its part to reach that goal.

The President: I now give the floor to His Excellency Mr. Ginés González García, Minister of Health and the Environment of the Argentine Republic.

Mr. González García (Argentina) (*spoke in Spanish*): I would like to start by saying that we agree entirely with what was said by the Minister of Guyana on behalf of the Rio Group.

Governments and civil society have responded to HIV/AIDS, but we must augment the efforts. For policies to be effective, all sectors must be included, even those which prefer not to talk about this subject. Actions must synthesize an agreement by which all levels of government work together, coordinating with international agencies and the community.

In Argentina, despite the fact that there are quite a few obscurantists who still resist, there is a strong commitment to this mission. This is reflected in the coordination established among civil society and the active and highly visible participation of all social actors, especially representatives of vulnerable populations and facilitating programmes, which include young people and women in particular.

It is necessary to guarantee universal access to promotion, prevention and treatment by the year 2010 in all countries for the reasons that already existed a

month ago, and also in memory of our friend, Dr. Lee Jong-wook, who struggled so much for this.

In spite of the fact that Latin America and the Caribbean is the region that has the least access to international resources, important efforts have been made, and this region could be among the first to reach the goal of universal access to treatment. In Latin America, there are countries that already provide 100 per cent coverage, among them Argentina.

That is why we here request support so that our region is not discriminated against, either in access to resources of the Global Fund or in the level of prices for products and medication. No country of Latin America and the Caribbean should be excluded, since this is an epidemic that needs constant care at the global level.

Another challenge is to continue with price negotiation strategies. Thanks to them, our region has achieved very significant discounts that allow extended coverage of treatment with antiretroviral medication. Furthermore, we have made important progress, together with Brazil, regarding a research project on the development and production of tools, medication and diagnostic resources.

This is the course to which we have committed ourselves to guarantee better conditions of access for all countries of the region, primarily for tests and antiretrovirals.

Regarding prevention, it is necessary to continue with focused and massive campaigns and to intensify efforts so that our brothers all over the world know what to do and how to avoid infection. With this goal, we favour the access to prevention tools, such as condom use and damage reduction kits for drug users. We must create awareness of the HIV/AIDS problem among those people who today do not require or demand health services, facilitating changes in high-risk conduct and promoting universal access to HIV/AIDS testing.

Special attention must be given to the prevention of transmission from mother to child, and to children affected by HIV/AIDS. Argentina is on the road towards eradicating vertical transmission and is fully implementing the national law on sexual health and responsible procreation.

The full promotion of human rights must be guaranteed for all those living with HIV/AIDS and in vulnerable situations, such as gays, lesbians, transgender people, men having sex with men, sex workers, drug users, those living below the poverty line and those locked up, including women, young girls, boys and adolescents.

All responses to this epidemic must be coordinated among countries, since all of humanity has the right to health. Within this right, access to treatment must be guaranteed. To achieve this, the United Nations must give decisive support to recover and make effective the flexibility of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), within the framework of the Doha Declaration.

As countries of South America, we agree on a common position on intellectual property, health and innovation at the World Health Organization. This joint declaration was presented last week at the World Health Assembly.

Some multilateral organizations and some of the most powerful countries in the world fanatically defend intellectual property rights. This position very strongly limits availability of and access to medication. No matter how much they want to hide it, the result is an increased number of deaths that could be avoided. It is our mission to prevent that.

The President: I now call on His Excellency Mr. Jean-Louis Schiltz, Minister of Cooperation and Development, and Humanitarian Action of Luxembourg.

Mr. Schiltz (Luxembourg) (*spoke in French*): Since 2001, the international community has been providing an extraordinary response to the appeal made by the General Assembly at that time. That demonstrates that when we have a common declaration accompanied by genuine commitments, we can achieve very concrete results.

Thus, the words pronounced in 2001 did not remain dead letter and many lives have been saved. New initiatives have emerged, yet the epidemic continues. The level of financing has been considerably increased, and that is commendable, but it does not mean that we can rest on our laurels and believe that we will thereby eradicate HIV/AIDS in a few years. That is not the case.

The spread of the virus continues to accelerate, to claim new victims, especially women, and to maintain

its deadly grip, creating millions of new orphans every year, especially in Africa. It has focused its attacks on particularly vulnerable groups that, however invisible they may be, have been deeply affected. We therefore need to step up our efforts if we wish one day to halt a disease that does not eliminate only those who die.

If we want to get to the end of this illness, which destroys much more than the people who die of it, today's meeting will have to enable us to forcefully commit ourselves to waging this struggle. Yes, we need more money in the coming years. Yes, and above all, we will have to put all our political weight into moving forward so that we can make meaningful progress in the next few years. That adds up to political will, and political will is what we need if we want to take concrete, credible and sustainable action in the field.

This is not an easy fight, nor is it one that we are fated to lose. Some of the challenges we face today are in fact a consequence of our success. We see a multiplicity of initiatives, and that positive development requires greater coordination efforts. In that context, I would like to welcome the outstanding work done by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its very dynamic director, Peter Piot. Their work is exemplary. The only thing that I can, in fact, wish for them is that in 10 or 15 years, we will not need them anymore: that would mean that we have won the battle. However, this prospect is, for the moment, but a dream.

Financing has increased, and we have improved the quality of our aid. We think that that is what is going to guarantee the sustainability of our intervention. We must also pay attention to the needs in areas I would call "collateral", but which are linked all the same to HIV/AIDS. These efforts involve capacity-building, human resources, integrating and strengthening health systems, the link to poverty, access to health and sexual rights, strengthening the role of women, et cetera. The intensification of our activity in these areas will help us as a level to improve our results. Initiatives such as the ESTHER initiative — Ensemble pour une solidarité thérapeutique hospitalière en réseau — taken by several European Union member countries have shown that it is possible to make progress in terms of sustainability. We have seen this in my country's cooperative project with Rwanda, where we were able to purchase the first generic drugs and where true cooperation between hospitals in the North and in the South was achieved. This model is one that we can replicate and have already replicated on several occasions, which is a factor in the quality of our activities.

Finally, the challenge of prevention, clearly together with treatment methods, is just as important for the future since we need to intensify our efforts in the educational sphere. It is nearly trite to say that ignorance about risky behaviour and means of precaution is one of the worst enemies in the fight against HIV/AIDS. Only common action will give us reason for hope. Everybody must work together. Countries most affected by the epidemic must make this fight one of their top priorities. The private sector, in particular the pharmaceutical industry, also needs to take up its share of responsibility; where this has not already taken place, medicine should be made available in sufficient quantity and at affordable prices or even for free, if necessary.

The necessary increase in resources is not just a vain wish. Last year, the European Community under the presidency of Luxembourg, demonstrated this fact by together committing to the allocation of 0.7 per cent of gross income for development cooperation by 2015. That is a firm commitment, not a vague promise that will not be kept. More money for cooperation would also mean more money for the fight against HIV/AIDS.

We are not here to list our failures or to congratulate ourselves. We are here because we have a common challenge before us. We are sharing lessons upon which we can build our future actions. We are sharing good practices that we can try to replicate.

No one here doubts his or her own goodwill, but this goodwill must simply be transformed into concrete action. My country, with four others, has for many years devoted more than 0.7 per cent of its gross domestic income to development cooperation, and we will continue to be a trustworthy partner in the fight against HIV/AIDS.

The President: I now give the floor to His Excellency Mr. Hong Sun Huot, Senior Minister and Minister of Health and Chairman of the National AIDS Authority of Cambodia.

Mr. Hong (Cambodia): On behalf of the Royal Government of Cambodia and on my own account, I am very delighted to have the privilege of participating

in the United Nations General Assembly High-level Meeting on HIV/AIDS.

In 1997, Cambodia was confronted with a serious epidemic, with 3 per cent of the adult population living with HIV/AIDS. Since then, HIV prevalence has steadily declined, to 1.9 per cent in 2003. HIV infection among most-at-risk people has been consistently declining, and mortality due to AIDS has stabilized. Cambodia is known as one of the few countries in the world that are on track to meet the Millennium Development Goal for HIV/AIDS.

Last year, the Royal Government of Cambodia launched its National Strategic Plan II, 2006-2010. The achievements of the National Strategic Plan I in response to HIV/AIDS were accomplished with the mutual coordination and cooperation of development partners, civil society and people living with HIV/AIDS, in the context of Cambodia's nation-building and development challenges.

First, for example, the Cambodian political leadership has created an environment for individuals, communities and civil society to own and drive the response. Secondly, the technical leadership has ensured sound evidence-based work and wise investment in national capacity development. Thirdly, the close collaboration between and within sectors has worked towards common targets. This includes the strengthening of health systems and partnership between HIV, tuberculosis and maternal and child programmes in the country. Fourthly, the partnerships between Government and non-governmental organizations have established the needs of communities, especially those of people living with HIV, and put them at the centre of the Cambodian response to HIV.

Fifthly, good governance has produced and implemented an HIV law and a code of conduct. Sixthly, the silence and denial surrounding HIV have been confronted to reduce stigma and discrimination. Finally, there bas been a consistent commitment on the part of the development partners to resource the priorities established by the Royal Government of Cambodia and civil society.

For Cambodia, if we are to reach our universal access targets, it is important that the dynamic development partnership be sustained over the long term. Our message for today's meeting is that where there is political will and vision, as well as focused, coordinated resources and action, universal access can be a reality, not merely a slogan.

We are confident that, in the next five years, a response to HIV/AIDS can be found in the dynamic involvement of people in breaking the silence within the family and their active participation in public discourse, policy planning and programmatic implementation. We are very pleased that the United Nations efforts are being effectively coordinated through the recently finalized United Nations joint support programme 2006-2010.

Finally, on behalf of the Royal Government of Cambodia, I would like to take the opportunity to convey my sincere gratitude to all Member States, development partners and civil society for their ongoing cooperation and support in response to the global HIV/AIDS threat, including in Cambodia.

The President: I give the floor to her Excellency Ms. Manto Tshabalala-Msimang, Minister of Health of South Africa.

Ms. Tshabalala-Msimang (South Africa): The South African delegation is honoured to be part of this comprehensive review and High-level Meeting, which has provided us with a great opportunity to reflect on the progress in the implementation of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). The report of the Secretary-General (A/60/736) and the assessment of the universal access process have once again emphasized the role of prevention as the mainstay of the global response to HIV/AIDS. Much progress has also been made in implementing prevention, care and treatment programmes that were found to be effective but with guarded success rates.

We realize that if we are to scale up HIV/AIDS services, we have to make extra efforts to build better partnerships in a response that is more multisectoral. South Africa therefore appreciates the broad participation and diverse views and experience that were shared in the various events over the past three days.

This special meeting provides an opportunity for all of us to recommit ourselves to addressing the obstacles that hinder progress in scaling up our intervention. We need to strengthen our health systems and develop adequate human resource capacity to deliver good-quality health services, including those

relating to HIV/AIDS. South African cannot overemphasize the importance of promoting a healthy lifestyle to maintain optimal health and to prolong the progression from HIV infection to the development of AIDS-defining conditions.

It is critical that to continue with endeavours to reduce the price of medicines and other essential commodities for an effective response to HIV/AIDS, we have to encourage innovation and research into additional tools for response, including vaccines, microbicides, traditional medicine and other forms of therapy.

South Africa fully supports the scaling up towards universal access to HIV/AIDS prevention, treatment, care and support. We believe that ambitious yet realistic targets are important for measuring progress in our endeavour to achieve universal access. Those targets have to cover all the essential elements of a comprehensive response, including the social determinants of the spread of HIV and the impact of AIDS. The targets should also be coupled with indicators and tools for monitoring progress. The discussions during the consultations on universal access and the World Health Organization (WHO) document on scaling up HIV/AIDS treatment and prevention suggest that targets have to be set at the country level, coordinated at the regional level and applied at the global level. It is also important to include HIV/AIDS programmes in the cooperation programmes of regional and subregional arrangements.

The epidemiology of HIV/AIDS depends on local socio-economic, cultural and other dynamics, particularly the challenges of poverty and underdevelopment. The success of a response to HIV/AIDS therefore requires that we redouble our efforts in meeting the Millennium Development Goals. There is an urgent need for financial commitments made to be honoured and for alignment of aid to national priorities and systems. We have to address the challenges of food insecurity and promote good nutrition amongst our populations. We need to focus in particular on the emancipation of women and on the protection of the rights of children, especially the girl child.

In conclusion, South Africa once again expresses its full commitment to scaling up towards universal access to HIV/AIDS prevention, care and treatment by 2010.

The President: I now call on Her Excellency Ms. Elena Salgado, Minister of Health and Consumer Affairs of Spain.

Ms. Salgado (Spain) (*spoke in Spanish*): Twenty-five years after the emergence of the first HIV infections, AIDS is no longer merely a health problem; it has become a social problem that calls for new policies and new commitments.

I therefore wish to express my support for the address by the presidency of the European Union and my Government's backing for the political declaration that we are to adopt today. I would just like to add a few words to briefly highlight two key components of the declaration that are particularly meaningful to us and which should, in our mind, have been addressed in greater detail.

The first has to do with prevention. Broadening the scope of prevention strategies worldwide would avoid more than half the number of infections in the next 10 years. We therefore feel that there is a need to do away with the economic and ideological barriers that obstruct or restrict access to prevention measures that have proven to be effective, in particular the use of condoms and strategies to reduce the harm associated with intravenous drug use.

Spain has the highest prevalence of HIV/AIDS in Western Europe. The disease has already claimed 46,000 lives and three out of every 1,000 citizens are infected with HIV or have developed AIDS. Those figures might have been far more dramatic had we not rolled out a very broad-reaching prevention programme that included substitute opiates and the provision of sterile injection material to drug abusers. The mortality rate has thus fallen, as has the prevalence of HIV, the number of drug injectors and the risk behaviour.

The second point that I would like to raise is human rights. They should constitute the framework for the response to HIV infection, avoiding the stigma and discrimination faced by those who live with HIV/AIDS, in particular the most vulnerable groups: injecting drug users, men who have sexual relationships with men, people who practice prostitution, prison inmates, immigrants and transsexuals. We also believe that those groups should participate in the design, execution and evaluation of interventions aimed at prevention.

Women are vulnerable, too, but their vulnerability is determined by social, cultural and economic factors. If we work on those factors, we will be fighting the epidemic as well. AIDS has brought death and suffering and constitutes a threat to human development, but the epidemic has also given rise to a greater sense of social solidarity, greater tolerance, increased equality and broader international cooperation. The Spanish Government has therefore approved a 42 per cent increase in the contribution to the Global Fund, which this year amounts to €50 million. With that contribution, Spain has now contributed €185 million to the Fund.

A major international effort has been made in the past few years. The Joint United Nations Programme on HIV/AIDS has managed to increase its budget, as well as its technical and political activity. The General Assembly's special session, which we are commemorating today, has brought change to the political agendas of many countries, and although the number of people who have access to prevention and treatment today cannot be considered a success, we have certainly seen a great step forward.

The advances are due, largely, to the efforts and voices of non-governmental and civil society organizations. Today civil society and Government authorities are gathered here together. While we acknowledge that there is still much to do, as the Secretary-General's report of 24 March points out, we also have a firm basis for delivering a full and large-scale response.

Spain, like the other members of the European Union, will be involved to the utmost in that global response.

The President: I give the floor to His Excellency Mr. Amar Tou, Minister for Health, Population and Hospitals Reform of Algeria.

Mr. Tou (Algeria) (*spoke in Arabic*): Despite great awareness of the disease and the progress achieved in combating it, we believe that what lies in store for us will be worse than what we currently face. The disease is accelerating in such a way that the problems we face are far beyond the capacity of the programmes at our disposal to fight them. The mechanism that we set up in 2001 is thus not adequate.

Prevention, treatment and care, including psychological and social support are an integrated whole. That applies to all infectious diseases, chronic or otherwise, including sexually transmitted diseases, of which HIV/AIDS is one. We are committed to dealing with those aspects of the disease with which we are familiar. However, other as yet undiscovered aspects may be more dangerous and require greater effort on our part.

In Algeria, where the infection rate is 0.07 per cent, the State guarantees free testing and free medication and provides medical, psychological and social care. We are attempting to prevent mother-to-child transmission, although to a limited extent. Free voluntary testing is provided through a large network of 50 health-care centres throughout Algeria. That programme also tests for other diseases, including hepatitis, tuberculosis and syphilis. Seven major health-care centres provide treatment to those who are living with HIV/AIDS. We also provide support for migrants and other vulnerable groups, despite the difficulties involved in that endeavour.

The participation of civil society organizations and the establishment of the first association for people living with HIV/AIDS since 1998 in the Arab Maghreb and the Middle East, as well as the joining together of various sectors, have helped us to take care of those who are infected and to break through many of the cultural barriers and considerations.

Despite these achievements, we are trying to put in place the necessary conditions for ensuring that those who are infected with the disease have access to medication and for increasing the capacity of those who work in the field to deal effectively with those who have the disease. We have great hopes that the special training programme that is being implemented for those who are infected and those who are treating them will achieve all of the objectives that we have set.

Finally, I would like to express my hope that legislation relating to drug patents will allow for the necessary flexibility to permit more medicine to be produced at a lower price so that we can actually implement the measures to which we have committed ourselves with a view to containing and putting an end to HIV/AIDS.

In conclusion, I would like to thank the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Malaria and Tuberculosis for the assistance that it is providing to Algeria and to civil society.

The President: I now call on Her Excellency Sheika Ghalia Mohamed bin Hamad Al-Thani, Chairperson of the National Health Authority of Qatar.

Sheika Al-Thani (Qatar): It is an honour and a privilege for me to be here today to address what I consider to be one of the paramount issues facing our world today — the heavy burden of HIV/AIDS afflicted upon the world, particularly the developing and least developed countries.

At the outset, allow me, on behalf of the Government and people of the State of Qatar, to express our deep appreciation to the United Nations system and to the Joint United Nations Programme on HIV/AIDS for the lead and critical role they have played in reinforcing and buttressing an expanded response to HIV/AIDS. The State of Qatar wholeheartedly supports their commendable efforts and mandate.

As all know, to date more than 65 million people have been infected with HIV. Every minute, every hour and every day, more and more are infected. More than one child dies of AIDS every minute. Despite the world's combined efforts, the global AIDS problem is getting worse, not better.

This single fatal virus is touching everyone unlike any other disease. It destroys families and intrudes upon the most intimate relations between people. It spreads silently. It kills. It tears the fabric of society. AIDS threatens the security and stability of nations. It shrinks economies and threatens people in their most productive years. It is not just a public health matter; rather, it is above all an educational, economic, political and human rights issue.

We therefore need to work together under the auspices of the United Nations in a vigorous and accelerated effort to address this challenge, as it is the most critical socio-economic development issue of our time. By reaffirming their commitment to implement fully the Declaration of Commitment on HIV/AIDS (resolution S/26/2, annex), which was adopted by the General Assembly, heads of State or Government represented in this review are more convinced than before that greater action should be undertaken. That is a shared concern that necessitates a shared vision, collective engagement and partnership, bold actions and a comprehensive response.

There is a great need to re-evaluate, and perhaps even redesign, our strategy on AIDS. The international community should increase the flow of funds to affected countries, which in turn should give due concern to the issue of prevention and act forcefully without any further delay. We therefore need to work together in a vigorous and accelerated effort to address this challenge.

Despite the fact that the number of HIV/AIDS patients in Qatar is relatively small, we have nevertheless been fully aware and cautious of this fatal disease. HIV is well established, and is considered endemic in my country. By the end of 2005 a total of 212 cases had been diagnosed. Forty-eight Qataris have died of HIV/AIDS, 28 males and 20 females. In cooperation with the World Health Organization (WHO), an in-depth study on the situation at the national level has been conducted. Significant support was provided by both the public and private sectors. Consultants from the WHO and the United Nations Development Programme, as well as health planners, discussed the matter, and suggested a national framework for action.

Universal precautions in health care settings have been strictly applied to prevent the transmission of HIV infection and to protect health care providers.

Information and education activities have been carried out to create public awareness about the epidemic. Social workers, teachers, religious people and students have been involved in those campaigns. In addition to television and radio programmes, workshops, lectures, newspaper articles and pamphlets have been utilized. A national AIDS committee is now being set up to develop a national strategy, coordinate action and provide counsel and advice to concerned bodies, as well as to implement the national frame of action.

In closing, we may feel frustrated by the worsening statistics emerging year after year, as that is testimony of the fact that we are talking about the problem but doing very little about the solution. However, the challenge is huge and the issue requires an effective world partnership capable of building a united front against the epidemic. Let us commit to this declaration. We certainly know what needs to be done. We must act now. We must move ahead, as we have no time to waste.

The President: I now give the floor to His Excellency Mr. Pete Hodgson, Minister for Health of New Zealand.

Mr. Hodgson (New Zealand): Five years ago we agreed a comprehensive strategy in the Declaration of Commitment on HIV/AIDS. Five years later we must take a hard look at our progress.

We have fallen short. We must acknowledge that our lack of progress has cost lives and will cost more. If a young girl is vulnerable to the sexual advances of an infected adult, the virus wins. If people with the virus are victimized, blamed and banished from their families and communities, the virus wins. If young people do not have access to condoms and drug users do not have access to clean needles, the virus wins. If women are not given equality with men and cannot control their sexual and reproductive lives free from violence, the virus wins. If the existence of men who have sex with men and transgender people is denied, the virus wins. If we ignore the expertise of those who are living with HIV in formulating our response, the virus wins.

If we fail to address poverty, the virus will win. If we fail as global leaders to see this as a global challenge, it will win. The virus is winning. What we must provide is global leadership. It is a matter of deep regret to us that fundamental strategies for beating the pandemic continue to be controversial. There should have been no relitigation of the 2001 Declaration of Commitment. That relitigation has diverted us from action.

Since we met five years ago, New Zealand has had to adapt as we have faced unexpected increases in HIV infection rates. That has been possible only by working in close partnership with our most at-risk communities, which include people living with HIV, men who have sex with men and, more recently, migrant and refugee communities.

The developing world is bearing the brunt, and women and young people are increasingly and disproportionately affected. We are concerned to see the disease spread through our region, reaching epidemic levels in Papua New Guinea. Neighbouring Pacific islands are also at very high risk. Today, I ask all States to note that alarming trend, as New Zealand reaffirms its commitment to the Pacific islands region.

HIV/AIDS is not just a health issue; it is a challenge to global development, security and human rights. We must take action on all fronts, and we reaffirm the World Summit Outcome, the Millennium Declaration, the outcome of the International Conference on Population and Development and the Beijing Platform for Action.

HIV/AIDS touches on the most sensitive issues of our identities as individuals and as communities, exploiting the weaknesses in our societies. We cannot continue to let HIV and AIDS divide us. The virus cannot win.

The President: I now give the floor to Mr. Norayr Davidyan, Minister of Health of Armenia.

Mr. Davidyan (Armenia) (*spoke in Russian*): It is a great honour for me to speak at this High-level Meeting on behalf of the Government of the Republic of Armenia. We would like to express the hope that this Meeting will, under the auspices of the United Nations, raise international cooperation to a qualitatively new level, so that we may counteract the last century's legacy of HIV/AIDS.

Following the adoption of the Declaration of Commitment on HIV/AIDS, in 2001, Armenia intensified its political commitment to combat AIDS, as well as deepened its understanding of the responsibilities of both the governmental and non-governmental sectors for the future of our people. In that connection, a first national programme on AIDS was put in place. Possible ways of financing the programme were agreed. We also agreed on how to coordinate steps to combat the AIDS epidemic on the national level. Indicators are monitored as we implement our national programme, including the key indicators referred to in the 2001 Declaration.

With regard to implementing the "three ones" principles in Armenia, we have in place a framework of action to combat AIDS that serves as the basis for coordinating the work of all partners and national coordinating bodies, and which has broad intersectoral authority to carry out systematic monitoring and evaluation countrywide.

In the course of the past five years, the commitments entered into by the Government have considerably changed the conceptual approach to prevention. The promotion of safer behaviour has been gradually introduced into schools and other educational

institutions. Programmes have also been put in place to reduce risk and harm, which allow us to reduce the rate of the spread of HIV among the most vulnerable social groups, as well as to increase the amount of information available.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is proving to be of tremendous support for the implementation of our national programme. In fact, it is today difficult to even imagine our work without the Global Fund. At the same time, we realize that the national potential for combating the epidemic must be strengthened daily.

The key result of this "3 by 5" initiative was a commitment to universal access to treatment by 2010. A particular achievement has been the provision of antiretroviral treatment. I wish to note with satisfaction that a group of scientists in Armenia has succeeded in developing an innovative medication that contains an antiviral substance. That medication is considerably improving quality of life for patients, restoring their ability to work and allowing them to return to active lives.

Armenia has developed national recommendations for the extension of universal access to prevention, treatment, care and support. A programme is now being developed, with the support of the Joint United Nations Programme on HIV/AIDS. Implementation of our national programme therefore provides an impetus for achieving universal access to prevention and care in Armenia.

In conclusion, I would like to express our conviction that that the adoption of the draft political declaration will serve as a firm foundation for achieving universal access to HIV/AIDS prevention, treatment, care and support throughout the world.

The President: I give the floor to Her Excellency Mrs. Rita Kieber-Beck, Minister for Foreign Affairs of Liechtenstein.

Mrs. Kieber-Beck (Liechtenstein): For more than 25 years the AIDS pandemic has inflicted immense human suffering throughout the world and has had devastating consequences for development. It will take an even heavier toll unless we act with the resolve and leadership required to halt and reverse the spread of HIV. We need urgent and sustained action to achieve the goal of universal access to prevention, treatment, care and support. There are still all kinds of barriers — national and international, legal, financial, social and cultural — which undermine the universality of access. We therefore need not only political leadership and resolve, but also the full involvement of civil society, in particular people living with HIV/AIDS, and of the private sector in our action.

The inclusive approach of this meeting should set an example for international cooperation and national partnerships in the future. AIDS is an exceptional epidemic because of its scale, as well as its complexity and the wide range of factors contributing to its destructive spread. It is a human rights issue as much as it is one of the biggest challenges to development. Only a comprehensive approach will ensure the necessary results — a view also expressed by the Secretary-General in his report before us.

At last year's summit, world leaders committed to a massive scaling-up of measures to ensure prevention, treatment, care and support for all, including the most vulnerable. The Liechtenstein Government has gradually scaled up its financial resources to assist others in their struggle against the scourge. In addition, it has also taken innovative approaches to generating new funds, such as the doubling of the amounts raised by non-governmental organizations and the pooling of its contribution to the AIDS-related activities of UNICEF with other small States as a means of enhancing aid effectiveness. That cooperation complements Liechtenstein's bilateral assistance, in particular to countries in Africa, to strengthen their health sector in the fight against HIV/AIDS. Liechtenstein is currently spending some $2.2 million on such assistance and we are fully committed to at least maintaining that level of support.

Extreme poverty and inadequate access to education, in particular to information on sexual and reproductive health, continue to fuel the transmission of HIV and to worsen its impact. Those factors are all too often compounded by gender inequalities and violence against women. The increased feminization of the epidemic calls for a clear focus on the special needs of women. Without such a focus, universal access will not be achieved. Equally, we have to put children and youth at the centre of our fight against AIDS. We must take urgent account of the specific impact of AIDS on children and make the millions of children affected by HIV/AIDS a major priority for the use of resources.

The Declaration of Commitment provided a strong foundation for a concerted, targeted and comprehensive global response to the AIDS pandemic. We have gathered at this High-level Plenary Meeting to foster exceptional action against AIDS and to overcome the many obstacles which are still in our way. The extraordinary level of attendance here gives us hope that the world community is ready to live up to the enormous challenge. Let us seize this critical opportunity to stand by our commitment from 2001 and to develop innovative ways of working together. Liechtenstein stands ready to do so.

The President: I now give the floor to Ms. Agnes van Ardenne-van der Hoeven, Minister for Development Cooperation of the Netherlands.

Ms. Van Ardenne-van der Hoeven (Netherlands): One, two, three, four. I am counting four one-dollar bills in my hands. That is all it costs to prevent the transmission of HIV during childbirth. That is all it costs to prevent newborn babies from receiving a death sentence. Unlike five years ago, we now have the money to do it. That makes our failure all the more tragic. To prevent mother-to-child transmission, world leaders promised to treat 80 per cent of infected mothers. No more than 9 per cent have been treated. There is no diplomatic way of putting it: that is outright neglect.

We have few reasons to celebrate and many reasons to be embarrassed. Our efforts did not prevent 4 million new infections and 3 million deaths last year. Africa is at the centre of the storm: nearly one in 20 children there, members of the next generation, has been orphaned by AIDS.

But it is now clear that we cannot solve the AIDS crisis simply by throwing money at it. The task at hand is to make that money work for people by building strong in-country capacity — capacity of individuals, communities and institutions to fight HIV/AIDS themselves. That includes the capacity to conduct research into new preventive technologies and to set up health insurance schemes, which the Netherlands is now pioneering in Africa. But, above all, it means strengthening national health systems, the backbone of any successful AIDS response. Ultimately, national health systems can be built only on a solid foundation of national political will. Capacity for fighting HIV/AIDS should top not only the agenda of policy dialogues with donors, but also, and in particular, the domestic political agenda.

Taking their cue from national Governments, all actors have the responsibility to take simplification and harmonization seriously. If all they do is to carry on as before, we will risk sending the entire AIDS response in a thousand different directions, draining the little national capacity that does exist in Africa and elsewhere. That is why we should apply the principle of the "Three Ones" — one action framework, one national coordinating authority and one monitoring and evaluation system — at the country level.

When building up capacity to fight AIDS, we should focus on prevention. If we do, half of all new infections could be prevented in the next few decades and $24 billion in treatment costs could be saved. But attempts to step up prevention will be effective only if they are based on reproductive and sexual health and rights and if they are grounded in evidence-based strategies such as harm reduction, the use of microbicides, male and female condoms and sexual education for young people — all very successful in the Netherlands. And, to be truly effective, the fight must also be fuelled by a common humanity and respect for human dignity, regardless of colour, culture or creed. That means providing people who are vulnerable — such as women and girls, who are now at more risk of infection than anyone else — with the special attention they need.

The Secretary-General is right: we are standing at a crossroads. With all the money in the world, we cannot buy Millennium Development Goal 6. The only way to stop the biggest humanitarian disaster of our time is by combining commitment and cooperation with crucial capacity. Let us all look in the mirror and ask ourselves daily the following question: what do we want to pass on to the next generation?

The President: I now call on His Excellency The Honourable Lieutenant General Ronnie Shikapwasha, Minister for Foreign Affairs of Zambia.

Mr. Shikapwasha (Zambia): In May 2006, the African region adopted Africa's common position to the General Assembly's High-level Plenary Meeting on HIV/AIDS with the theme of universal access to HIV/AIDS, tuberculosis and malaria treatment by 2010.

Zambia aligns itself with the statement delivered by the President of the Republic of the Congo and Chairman of the African Union, Mr. Denis Sassou Nguesso, on behalf of the African Group.

The HIV prevalence rate in Zambia is 16 per cent among the adult population between the ages of 15 and 49, which translates into 1 million Zambians infected with HIV. The infection rate is higher among women — 18 per cent, as compared to a rate of 13 per cent among men. Forty per cent of infants born of HIV-positive mothers are infected with HIV; over 200,000 are in need of antiretroviral therapy.

Zambia's vision is to become a nation free from the crisis of HIV and AIDS. Its mission is to provide national leadership for a coordinated fight against HIV/AIDS in order to eliminate its associated opportunistic infections for the benefit of society. The goal is to reduce the transmission of HIV and sexually transmitted diseases among Zambians and to reduce the socio-economic impact of AIDS.

My Government has declared AIDS a national crisis and has also recognized it as a development crisis and issue. As a result, anti-AIDS strategies have been incorporated into our five-year National Development Plan 2006-2010.

I wish to state that the Government and stakeholders in Zambia are moving the "three ones" from principle into practice. Evidence strongly indicates that high levels of commitment exist not only in supporting the "three ones", but also in improving their application.

Zambia promotes multi-pronged prevention strategies. Recently, Zambia introduced routine testing for all pregnant mothers, with an option to opt out. In addition, Zambia recognizes the importance of the AIDS vaccine and, as a result, we recently launched a vaccine trial. Zambia also introduced antiretroviral therapy using its own resources in 2003 and introduced free antiretroviral therapy services in August 2005. Within 24 months, the Ministry of Health, with the support of the Global Fund and the United States President's Emergency Plan for AIDS Relief, had put 50,000 people on antiretroviral therapy out of an estimated number of 200,000 living with AIDS. That translated into 25 per cent of those in need.

Zambia is committed to an accelerated treatment programme, including paediatric treatment and the prevention of mother-to-child transmission of HIV-AIDS.

AIDS has left an estimated 750,000 orphans. It is estimated that 6 per cent of those children are on the streets and that less than 1 per cent live in orphanages. It is projected that as many as 20 per cent of all children in the country will be orphaned by 2015. That will, of course, have negative socio-economic implications if the situation is not addressed.

To address it, my Government has introduced a variety of measures, including free basic education, skills training and AIDS prevention programmes, which will enhance our efforts to fight the disease. In addition, civil society has undertaken many creative programmes to mitigate the impact of HIV/AIDS on widows and vulnerable children.

My Government recognizes that stigmatization and discrimination fuel the pandemic and hinder people living with HIV from accessing treatment and care programmes. In that regard, my Government remains committed to the elimination of violence against women and children and AIDS-associated stigmatization and discrimination, and to the protection of the human rights of people living with HIV/AIDS.

While we have made several strides towards fighting the epidemic, we recognize that we need to scale up our efforts in many areas, particularly in strengthening health systems, including human resources at all levels. The human resource crisis is so severe that it threatens to erode the very gains made so far in the fight against the pandemic; indeed, it threatens our achieving the Millennium Development Goals, towards the attainment of which we have gone far. Those gains will be eroded unless something is done about the human resource crisis. We therefore would like to see strengthened collaboration with our international partners in the fight against HIV/AIDS to ensure predictable and sustained funding and support.

In conclusion, HIV/AIDS remains a global emergency, as each life that is lost due to AIDS marks a milestone defeat in our fight. Therefore, we need to do much more than we have done. Indeed, we are entitled to and must reverse and end the pandemic. It is the hope of my Government that the declaration that we will adopt today will renew the commitment and resolve of the international community to galvanize global commitment and action to combat and bring AIDS to an end.

We must transform and end this issue. Therefore, we be.t do better in enhancing the lives of our people who have been affected and infected. We must defeat this disease.

The President: I now give the floor to Her Excellency Mrs. Abator Thomas, Minister for Health and Sanitation of Sierra Leone.

Mrs. Thomas (Sierra Leone): On behalf of the Government and the people of Sierra Leone, I wish to thank and commend the co-Chairs for their immense contribution to facilitating the process that has culminated in the draft political declaration, which we hope will be adopted today. I also wish to commend the Secretary-General for his report (A/60/736) on the progress made thus far in the global AIDS response since the 2001 Declaration of Commitment (resolution S-26/2, annex).

To tackle the scourge of the HIV/AIDS pandemic, African Governments clearly manifested their political will by adopting the Brazzaville Commitment on Scaling Up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Africa by 2010. My Government remains firmly committed to implementing that declaration.

Even though the prevalence of HIV/AIDS in Sierra Leone currently stands at 1.5 per cent, my Government fully recognizes that the pandemic constitutes a formidable challenge to human life and dignity and has therefore intensified its efforts to address the threat by adopting the following measures: we have established a ministry responsible for social welfare, gender and children's affairs to promote women's rights and protect women and girls from all forms of discrimination; set up a National HIV/AIDS Council in the Office of the President, chaired by the President himself, to formulate and oversee national policy on the pandemic; and developed a multisectoral HIV/AIDS response project, known as the Sierra Leone HIV/AIDS Response Project (SHARP), with support from the World Bank and other partners.

In addition, we have established a national HIV/AIDS secretariat to coordinate national response efforts, embarked on massive awareness-raising, counselling and other social programmes, especially in rural settings, about the disease and its effects as well as the issues of stigmatization; and organized national consultations and workshops on the status of the national HIV/AIDS response, the scaling-up process and the concrete targets for HIV prevention, treatment, care and support that the country hopes to reach within the stipulated time frame of 2010.

Finally, we have significantly increased the involvement of civil society in national response efforts, partnered with a United Nations team, approved a zero tariff and sales tax on all drugs and equipment for HIV/AIDS, increased the number of treatment centres throughout the country, and provided antiretroviral drugs to all HIV-positive pregnant women.

Although we are still grappling with the aftermath of the civil conflict, we are satisfied that we have made appreciable progress in our HIV/AIDS response against the background of other, competing priorities, including malaria, tuberculosis, weak health infrastructure and delivery systems, and a shortage of trained and experience health personnel.

In the light of the foregoing, I would like to urge our development partners to make good on their commitments to enable us to tackle the following challenges: adopt and operationalize the "three ones" principle; mobilize and locate additional financial responses for all programme areas; strengthen capacity-building for all levels of staff; integrate the subject of sexually transmitted infections and HIV/AIDS into the curricula of schools, colleges and other training institutions; strengthen care and support organizations to provide integrated services for people living with AIDS; provide special care for children orphaned by AIDS; reform and support laws to protect the human rights of women, people living with AIDS, orphaned and vulnerable children and other vulnerable groups; and make the scaling-up process an integral part of the poverty reduction strategy programme.

To achieve the goal of universal access to HIV prevention, treatment, care and support, my Government has set the following immediate targets, which we believe will create an enabling environment for our national HIV/AIDS response effort: expose the most vulnerable population to appropriate information on HIV/AIDS; provide effective multisectoral programmes for prevention, treatment, care and support to all individuals, families and communities in need of support; continue to provide regular budgetary support and advocacy; strengthen the health care and social systems; intensify staff training; take legislative measures that will protect the human rights of

individuals against discrimination and facilitate the empowerment of women; and adopt the "three ones" principle by instituting a well-managed multisectoral and multidisciplinary framework to implement, coordinate, monitor and evaluate programmes.

In conclusion, I wish to thank the World Bank and the Global Fund for their support. I wish to thank the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria for their support. I also wish, once again, on behalf of my Government, to assure the Assembly of our commitment to the global fight against HIV/AIDS as reflected in the 2001 Declaration of Commitment (resolution S-26/2, annex) and in the draft political declaration we are about to adopt.

The President: I now give the floor to His Excellency Mr. Mikhail Zurabov, Minister for Health and Social Development of the Russian Federation.

Mr. Zurabov (Russian Federation) (*spoke in Russian*): HIV/AIDS remains one of today's most serious challenges. It is, of course, a global challenge, and it can be overcome only through joint international efforts. At the same time, Russia believes it is very important to engage in regional cooperation, through which we must share our experiences on a broader scale and develop modern approaches to dealing with the epidemic.

As part of those efforts, a number of important events have been organized this year, both at the expert level and in the context of high-level meetings among the countries of the Commonwealth of Independent States. One important meeting was the first international conference of countries of Eastern Europe and Central Asia to consider how to strengthen and coordinate anti-AIDS efforts in the region. Russia understands its role in fighting the epidemic in the regions of Eastern Europe and Central Asia, and we are prepared to expand our technical, financial and organizational support for other countries in their efforts to fight AIDS.

The Government of the Russian Federation is also stepping up its allocation of funds for the treatment of HIV patients in the Federation. In 2006, the Government intends to increase its financial resources for the treatment, diagnosis and prevention of both HIV and hepatitis. In 2007, the Russian Federation intends to increase its financial support by 250 per cent and will undertake measures that enable us to provide all the antiretroviral treatment needed. Efforts are also under way to make antiretroviral drugs more affordable; it will soon be possible to produce them in Russia and thus to reduce their purchase cost. We can also say that, at the national level, Russia is right on schedule in implementing the Declaration of Commitment on HIV/AIDS.

We believe that the level of international cooperation in the struggle against HIV/AIDS deserves a positive assessment. We support the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria and believe it should have adequate resources. In addition to its earlier commitments, the Government of the Russian Federation has decided to increase its contribution to the Global Fund to $40 million. We wish to continue to participate in the Global Fund as a donor in future.

The fight against AIDS has been chosen as one of the priority subjects to be considered at the St. Petersburg summit. In preparing for the summit, ministers of the Group of Eight will meet in Moscow and discuss initiatives aimed at ensuring universal access to drugs, treatment and care for AIDS patients.

The political commitment to fighting AIDS, which has been shown once again at this High-level Meeting, has been strengthened by practical measures. We hope that the experience gained over the past five years will open up a new chapter in our global partnership in the fight against AIDS.

The President: I give the floor to Her Excellency Ms. Maria Soledad Barría, Minister of Health of Chile.

Ms. Barría (Chile) (*spoke in Spanish*): First of all, I would like to say that we support what the Minister of Health of Guyana said on behalf of the Rio Group.

On behalf of the delegation of Chile, composed of Government representatives, persons living with HIV/AIDS, social non-governmental organizations and scientific societies, I commend the efforts made by the States Members of the United Nations to refocus the global debate on the important topic of HIV/AIDS as a commitment of mankind. Five years ago in this very Hall, Member States heeded the appeal from Secretary-General Kofi Annan and entered into a covenant, namely that we would spare no effort to reverse this pandemic still afflicting millions of people all over the world. Today, as we meet here to review those commitments, we find that substantial progress has

been made with regard to many of them. But this has not been sufficient to contain the pandemic.

It is in this pandemic that we recognize many of the inequities and inequalities present in our world today, especially those linked to poverty, hunger, gender discrimination and other types of discrimination. That affects the poorest countries most, yet in all countries the young population, women, men who have sex with men, migrants, sex workers and refugees are among the most vulnerable. This epidemic affects the most vulnerable populations and countries where it is hardest to obtain access to effective prevention and treatment or where those do not exist.

Despite the difficulties inherent in processes in which differing interests, values, cultural and economic positions clash, the Assembly voices mankind's commitment to halt the HIV/AIDS epidemic and to ensure the rights and improve the quality of life of all people. There is a need for more decisive involvement of relevant social stakeholders to achieve these goals. We must enhance and expand partnerships between Governments and civil society. The issue must become cross-cutting among the various State sectors and the private sector, which must make a greater commitment. We require strategic alliances for achieving progress in the solution of problems affecting our societies, in particular with regard to inequities and discrimination. We must generate health policies commensurate with the respective epidemiological, social and cultural realities of countries. There is a need for national and international policies for the promotion of human development and solidarity, recognizing diversity as a cultural asset.

For our Government, unconditional respect for the human rights of persons living with HIV/AIDS and of the most vulnerable populations is not only a duty of the State, but also a requirement for progress in controlling the epidemic and fulfilling the ethical imperatives of an increasingly democratic society. We must create legal and political conditions for the protection and promotion of the human rights of the population, particularly of persons most vulnerable to HIV/AIDS, and for the advancement of sexual and reproductive rights.

Chile welcomes the creation of collective forums and initiatives based in solidarity, joining efforts and resources which considerably enhance action to reduce the huge economic gap in responding to HIV/AIDS that exists between the industrialized world and the countries with fewer resources. We therefore very much appreciated the Assembly's appeal for the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In conjunction with national efforts, the Fund has promoted a clearer response to the HIV/AIDS epidemic. This initiative must be maintained and enhanced so as not to discriminate against middle-income countries.

We also participate, along with other countries, in a number of collaborative efforts directed towards more accessible treatments, regarding, for example, the price of medications, finding innovative financing and thus benefiting the poorest countries and populations. We also stress the commitment of the Rio Group, the Horizontal Technical Cooperation Group of Latin America and the Caribbean on HIV/AIDS and the leading agencies in this area — the World Health Organization, Pan-American Health Organization, and the Joint United Nations Programme on HIV/AIDS — as they pursue their goals and targets to achieve universal access to prevention, treatment and care, which emphasizes the urgency of more decisive interventions and actions to tackle this problem.

Chile reaffirms its commitment to continue working to halt the spread of the AIDS pandemic in our country, to cooperate at the international and regional level, and thus to promote the attainment of the Millennium Goals and the targets agreed upon by the Assembly.

It is time to intensify efforts to obtain a more effective response. Many children, women and men are watching us. We cannot and must not let them down.

The President: I now give the floor to His Excellency Mr. Bédouma Alain Yoda, Minister for Health of Burkina Faso.

Mr. Yoda (Burkina Faso) (*spoke in French*): On behalf of His Excellency Mr. Blaise Compaore, President of Burkina Faso, I should like to express my country's satisfaction at the holding of this High-level Meeting to assess the implementation of the Declaration of Commitment on HIV/AIDS 2001-2005 and to discuss the prospects for the next five years. I wish to congratulate the President of the General Assembly, the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS on their commitment to supporting our

countries in their policies and programmes to combat AIDS.

The results achieved by Burkina Faso in five years of implementing the Declaration of Commitment are most encouraging, although they fall short of our ambitions. I shall cite just a few of them. The prevalence rate has fallen from 4.2 per cent in 2001 to 2.3 per cent in 2004. The number of voluntary counselling and screening centres has risen from 10 in 2001 to 93 in 2005, while the number of persons tested per year has risen from 675 in 2002 to 200,000 in 2005. The number of health districts implementing the national mother-to-child HIV transmission prevention programme has risen from three of 55 districts in 2002 to 37 of 55 in 2005. The number of sentinel sites for monitoring the epidemic has increased from five in 2001 to 13 in 2004, covering all of the national territory. The number of medical centres providing antiretroviral treatment has grown from three in 2001 to 42 in 2005, while the number of people receiving such treatment has risen from 675 in 2002 to 8,136 at the end of 2005, of whom 1,476 are being treated by national anti-AIDS associations. Since March 2006, nearly 10,000 people have been receiving antiretrovirals. The number of children treated has increased from practically zero in 2002 to 420 in 2005. Those results reflect the personal involvement of President Compaore and the commitment of all actors in the public sector, civil society and the private sector.

Despite those encouraging results, many challenges remain for Burkina Faso, Africa and the rest of the world, as the Secretary-General's report (A/60/736) attests. In that connection, I should like to congratulate the Secretary-General on the clarity of his report, which describes our progress and our difficulties in great detail and proposes solutions for the future. It shows that with sufficient resources, it is possible to achieve results. That has been the case in my country with the support of our technical and financial partners, to whom I wish to pay a heartfelt tribute.

That is why Burkina Faso embraces the Common African Position adopted at Abuja, which, by establishing ambitious objectives to be attained in 2010, has committed to implementing decisive measures at the national and continental levels. Our heads of State and Government have therefore invited the international community and development partners to strengthen their partnerships and to increase their financial support.

Not only will these objectives be the basis for assessing our progress in 2010; their attainment will ensure that the Millennium Development Goals are achieved by 2015. Let us therefore here and now commit ourselves to mobilizing for universal access to prevention, treatment, care and support by 2010. We must adopt our declaration today in order to keep burning the flame that we lit in 2001.

The President: I now give the floor to Mrs. Ileana Núñez Mordoche, the representative of Cuba, who will address the Assembly on behalf of her Minister of Public Health, who, for particular reasons, is unable to attend this morning's meeting.

Mrs. Núñez Mordoche (Cuba) (*spoke in Spanish*): I am obliged to read out the statement which should have been made by Comrade Mr. José Ramón Balaguer, Minister of Public Health of the Republic of Cuba. He is not here among us because he did not receive the necessary visa from the Government of the United States of America. Once more, the authorities of the host country have failed to comply with their obligations to facilitate the participation of a Minister of a State Member of the United Nations. Cuba rejects any attempted discriminatory measure imposed on it and demands full respect for the sovereign rights acquired by its people in its hard struggle against attempts at imperialist domination. The United States Government seeks to silence the eloquent achievements of Cuba in its struggle against HIV/AIDS, attained in spite of the genocidal blockade imposed on it by the United States. The United States also seeks to stifle Cuba's disinterested cooperation offered in solidarity with the third world in its struggle against this serious scourge. Of course, it will not succeed in achieving this goal.

Now I shall read out the statement of Mr. José Ramón Balaguer, Minister of Health of Cuba.

> "Five years ago, during the special session of the General Assembly on HIV/AIDS, the head of the Cuban delegation began by stating the following:
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> > 'No country is free of AIDS. A few — privileged and rich — have managed to reduce mortality through the use of drugs with high and irrational prices. Many

> others — the unfortunate and poor — are facing a harrowing drop in the average life expectancy of their peoples and population decreases that could lead them to extinction.' *(A/S-26/PV.1, p. 20)*

"Today, despite the progress of certain countries in the battle against this scourge, the picture has changed very little. Humanity is faced with a world where there is an increase in poverty which creates huge inequalities which give rise to the greater vulnerability of the poorest to HIV/AIDS. Cuba has been able to face the effect of this pandemic, despite the fierce economic, commercial and financial blockade imposed by the Government of the United States of America, which impedes access to most of the new medicines produced by United States companies or their subsidiaries, which because of the laws of this genocidal blockade cannot maintain economic or trade relations with my country.

"The Cuban programme for the prevention and control of HIV/AIDS, implemented since 1986, includes the components of education, prevention, diagnosis, epidemiological monitoring, care and research. This has been possible thanks to political commitment and the priority which the State gives to the health of the population and also because of the existence of a health system characterized by universality, by the fact that it is free and accessible, as well as by social and community participation.

"At the end of 2005, there were 5,532 persons with HIV/AIDS in our country, of whom 1,450 are sick. To date, 1,338 have died. After 20 years of the epidemic, the prevalence in people aged 15 to 49 is 0.09 per cent. In 2001, antiretroviral treatment was provided, with universal access and completely free. Mortality by HIV/AIDS has been reduced, and since 2003 there has been a decrease in the number of people sick from AIDS.

"In the context of the international confrontation with HIV/AIDS epidemic, Cuba has offered cooperation to developing countries with regard to the training of human resources and medical care. At present, we have 29,223 Cuban doctors and health workers in 70 countries, participating in the fight against AIDS in communities in Africa, Latin America and the Caribbean. Furthermore, 17,495 people from 17 countries with scholarships are studying in Cuba and the Cuban medical brigades abroad are contributing to the training of 536 young people in their own countries. The figure of $22.1 billion necessary to confront this epidemic through should not be considered exaggerated if we bear in mind that we must educate the population about prevention and the promotion of healthy living patterns, guarantee free antiretroviral treatment and create a health infrastructure to carry out these actions, as well as increase research to achieve more effective medicines and a vaccine.

"I conclude my statement by recalling what we said five years ago. The only possible cure is to place all of the planet's boundless resources at the service of humanity without petty commercial interests or national selfishness. It is our responsibility to achieve this goal."

The President: I now call on His Excellency Mr. Safet Halilović, Minister of Civil Affairs of Bosnia and Herzegovina.

Mr. Halilović (Bosnia and Herzegovina) (*spoke in Bosnian; English text provided by the delegation*): It is a great honour to address the Assembly today on behalf of the Government of Bosnia and Herzegovina and to briefly inform members of achievements to date in combating HIV/AIDS in Bosnia and Herzegovina.

According to all relevant criteria, Bosnia and Herzegovina belongs to a group of countries with a relatively low HIV/AIDS prevalence, meaning that the prevalence does not exceed 5 per cent of any defined subpopulation.

The first case of AIDS in Bosnia and Herzegovina was registered in 1986 and the first HIV-positive person was identified in 1989. Currently, 101 persons are registered as HIV-infected in Bosnia and Herzegovina, though some assessments cite a larger number of cases.

Despite a low range of disease and risks, the further transmission and spread of HIV infection in Bosnia and Herzegovina will be influenced by poor socio-economic status, insufficient education, inadequate assessments of the problems of groups at risk, migration, an inadequate HIV/AIDS monitoring

system, stigmatization and silence, and the lack of legislation on HIV/AIDS. The situation is mostly attributable to the devastating war in Bosnia and Herzegovina in 1992-1995, when the entire human, economic, political, social and health system suffered enormous damage.

Activities on HIV/AIDS were stepped up in 2000 in terms of a more active fulfilment of obligations foreseen by different international documents and declarations. In 2001, a more active response of the international agencies in Bosnia and Herzegovina on HIV/AIDS was marked by the establishment of a United Nations thematic team on HIV/AIDS.

The "Bosnia and Herzegovina Strategy to Prevent and Combat HIV/AIDS" is the main document on which activities and projects related to the field are based. In 2000, an Advisory Board for HIV/AIDS was established at the State level, involving representatives from both the governmental and non-governmental sectors.

Taking into account the obligations of Bosnia and Herzegovina deriving from its United Nations membership, the current HIV/AIDS situation in the country and the financial and other resources available, the strategic goals for combating HIV/AIDS were defined for the period 2004-2009 and certain results have already been achieved.

The Bosnia and Herzegovina Advisory Board for HIV/AIDS has proclaimed 2006 as the year of combating stigmatization and discrimination. In that regard, in cooperation with international organizations, various training programmes have been organized throughout the country for health-care and other professionals in order to increase awareness and knowledge of HIV/AIDS. Training is also available for members of the media and a variety of other projects, including on workplace safety.

Despite being a post-conflict country in transition, and despite its very limited resources, Bosnia and Herzegovina allocates modest funds for HIV/AIDS. However, they remain insufficient for ensuring universal access and the implementation of prevention activities. Bosnia and Herzegovina therefore attaches great importance to the signing of an agreement with the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, which approved our application in 2005.

In conclusion, let me express the full support of Bosnia and Herzegovina for the proposed political declaration and reassure the General Assembly that Bosnia and Herzegovina, as country moving towards European integration, is fully committed to scaling up universal access to HIV/AIDS prevention, treatment and care and to fulfilling all agreed goals.

The President: I now give the floor to Her Serene Highness Princess Stéphanie of Monaco.

Princess Stéphanie (Monaco) (*spoke in French*): I have come here today to declare my solidarity with all those who are fighting against AIDS, a disease which spares no people and which still represents a terrible threat to all populations. All men, women and children cannot fight on an equal footing against this disease. Unfortunately, access to prevention, screening, care and treatment remains impossible to many. Fully aware of the objectives of all the commitments made in this Hall, my beloved late father Prince Rainier III, and my brother, the sovereign Prince Albert II, have desired since 1997 that Monaco should be associated with the activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Principality also contributes to the Global Fund to Fight AIDS, Tuberculosis and Malaria and since last year has taken part in the UNAIDS Programme Acceleration Funds. Furthermore, my country is involved in the joint UNAIDS and UNICEF campaign, "Unite for children, unite against AIDS". It has joined Andorra, Liechtenstein and San Marino in financing a programme in favour of the prevention of mother-to-child transmission.

I myself am personally involved through my association "Fight AIDS Monaco", which provides more comprehensive and accessible information for all and the establishment of effective prevention. We are involved in schools and universities, help people whose lives are affected by the virus, and support research. We fight daily to protect the dignity of every HIV-positive person, because any discrimination is intolerable. It is even more intolerable when stigmatization worsens the physical pain and the psychological distress caused by this disease. I am also involved within the framework of the Millennium Development Goals, of which the fight against AIDS is an integral part.

The Principality of Monaco is committed to supporting the outstanding work of UNAIDS partners

who, thanks to the leadership of the Executive Director of UNAIDS, tirelessly contribute to bring together efforts, overcome challenges and act with conviction and determination. I think that it is my duty as a woman and a mother to continue fighting this pandemic with all my strength and all my energy.

The President: I now call on His Excellency Mr. Erik Solheim, Minister for International Development of Norway.

Mr. Solheim (Norway): Twenty-five million people have been killed in the AIDS epidemic. That is half the number of people killed in the Second World War and 10 times the number killed in the Viet Nam War or in the recent crises in, say, the Congo or the Sudan. This is a major international crisis.

That begs the question: Has the response of the international community been relevant and proportionate to the tremendous crisis? I think we all know the answer. The response of the international community has simply not been proportionate to the severity of the crisis.

I will not speak long. I will just focus on one main point. I think one reason why the response has not been proportionate is that we have allowed ourselves to not speak freely and openly on a number of taboo areas related to AIDS. We have simply tried to avoid a number of words that are not seen as nice, kind or good, and for that matter, the discussion has to some extent hidden the realities of the AIDS epidemic. If we cannot speak freely and openly on certain matters, it will of course be much more difficult to defeat the disease.

HIV/AIDS is about blood, it is about sex; it is about gender inequality. AIDS is about homosexuality. AIDS is about power. AIDS is about drug abuse. It is about all those different aspects of human life. Whether we like all that is not the issue, but it is the reality of the lives of human beings all over the globe.

Very briefly, we have allowed ourselves not to speak enough and not to speak freely enough about violence against women. If we do not empower women to take full control over their own sexuality, it will be much more difficult to defeat AIDS. Women should be allowed to fight back against sexual abuse and to take full control over their lives; whether they wish to abstain from sex or to have sex, it should be their decision. They should be empowered to make that decision in a free way.

Secondly, we have allowed ourselves not to speak freely about homosexuality, about men who have sex with men, and about homophobia. If we allow that to continue, the result will of course be that homosexual activities go underground. They do not disappear; they simply go underground, and again, that will make it much more difficult to defeat the disease because people will tend not to use condoms or to protect themselves, and we will not be able to reach out with all the programmes we would want to reach out with if we cannot speak freely.

Thirdly, we have allowed ourselves not to speak freely about drug abuse. Drug abuse exists globally, in my own and in every other country. If we cannot speak about it, it will again be much more difficult to defeat and we will not allow ourselves to distribute the clean needles that can reduce the scope of the problem.

Finally, again, 25 million people have died of AIDS. We should not allow 25 million people more to die. Of course, we should not allow 1 million more to die. We should not allow even one more individual human being to die, because we really know how to defeat the disease. The medicines are now available that can sustain life and those medicines should be made available in every country on the globe. It is basically a matter of a financial organizational nature.

We know the technical and political answer to this, but there is also a sociological answer. We must allow ourselves to speak freely about many issues related to HIV/AIDS, otherwise we will not be able to properly tackle the disease. I really think that we know how to defeat the disease — it is just that so far we have not yet done so. It is for us — all of us, jointly — simply to do it.

The President: I now give the floor to Her Excellency Mrs. Christine Nebout Adjobi, Minister in Charge of HIV/AIDS of Côte d'Ivoire.

Mrs. Nebout Adjobi (Côte d'Ivoire) (*spoke in French*): On behalf of the President of the Republic, His Excellency Mr. Laurent Gbagbo, and the Government and the people of Côte d'Ivoire, as well as on my own account, I wish to express my gratitude for this opportunity to take the floor before the General Assembly.

My delegation associates itself with the statement made by President Denis Sassou Nguesso on behalf of the African Group.

I take this opportunity to thank the United Nations, the Secretary-General and the entire international community for their assistance to my country, which has been suffering the torment of war for four years. Côte d'Ivoire, a country with 17,600,000 inhabitants and a 7 per cent incidence of AIDS — one of the highest in Africa — wishes to speak of all the obstacles to achieving our objectives and to identifying strategies that could enable it to speed up the attainment of the Declaration goals. Côte d'Ivoire's firm will to fight this pandemic has led to the creation of a Ministry in charge of the fight against AIDS. The socio-political conflict that it is facing has not dampened its zeal to fight the spread of this scourge or its commitment to reverse and stop the HIV/AIDS epidemic by 2015.

Thus, between 2003 and 2005, the State committed roughly $40 million to the fight against AIDS. With the support of partners, the following indicators were attained on the national level: 67 per cent of major businesses have established special programmes to fight HIV/AIDS; 100 per cent of the blood drawn for transfusion purposes has been screened for HIV/AIDS; 83 per cent of young people aged 15 to 24 have precise knowledge of how to prevent the sexual transmission of HIV; and 70 per cent of young people aged 15 to 24 state that they have used a contraceptive when having sexual relations with a casual partner.

However, it should be pointed out that considerable obstacles have been encountered during this crisis period. Therefore, the recommendations set forth previously are vital in order to attain the established objectives. Thus, it is necessary to support the process of Côte d'Ivoire's reunification so that the health system can recover throughout the national territory, to intensify HIV/AIDS prevention in order to check the effects of bad behaviour occasioned by the crisis, to increase the financial resources for Côte d'Ivoire through the implementation of the Multi-Sectoral AIDS Project (MAP) — a project for which the entire preparatory phase has been completed since 2005 — and also to support coordination for the effective functioning of bodies set up by the Government and to support respect for national action on the part of the partners.

While the spread of the epidemic continues in the context previously set forth, with all the unfavourable factors, it is urgent that, with the support of the international community, we confront the obstacles that are preventing the implementation of a national policy to fight AIDS, which would allow for better appreciation for the follow-up of the Declaration of Commitment (resolution S-26/2, annex). To do that — with all due thanks to all the donors to the Global Fund, to President Bush through the President's Emergency Plan for AIDS Relief (PEPFAR) and to the United Nations agencies through the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its Executive Director — Côte d'Ivoire wishes to be able to continue to count, not only upon itself, but also upon international solidarity and the sincere cooperation of partners, to get through this socio-political crisis which is thwarting the national response.

The President: I now give the floor to His Excellency The Honourable Bernard Nottage, Minister for Health and National Insurance of the Bahamas.

Mr. Nottage (Bahamas): The Commonwealth of the Bahamas applauds the continuing leadership and vision shown by the United Nations, under the Secretary-General, in forging the political will and momentum to fight HIV/AIDS. The first special session of the General Assembly on HIV/AIDS was convened at a critical time, when global interest in and commitment to the fight HIV/AIDS was very low. It had been placed on the back burner. Donor interest was weak; too many people were dying because they had no access to life-saving drugs. No country was doing enough and all countries could have been doing more.

That special session and the Declaration of Commitment galvanized the international community. Governments, donors and civil society seized the moment, and the scaling-up process began.

It was indeed encouraging to see the renewed interest over the ensuing years. What has happened is unprecedented, as life-saving treatment has begun to reach those most in need. Five years after that landmark special session, we stand at a crossroads. We are on the threshold of great success against HIV/AIDS by achieving universal access by 2010 and, hopefully, the Millennium Development Goal of reversing HIV by 2015. We can stop AIDS.

Last September, the Bahamas was one of a few countries recognized by the Secretary-General as

having turned the tide against AIDS. That was evidenced by the continued reduction in the incidence and prevalence of HIV and the successful scaling-up of treatment, care and support, which led to a marked reduction in mother-to-child transmission of HIV from 30 per cent to 1 per cent, the placing of approximately 60 per cent of the initial target population on treatment with antiretrovirals, a greater than 50 per cent reduction in the number of deaths from AIDS and a marked decrease in hospital bed occupancy.

However, our work is far from finished. The international community is not yet firmly on the road to truly reversing the spread of HIV/AIDS. The road ahead will require continued political will and commitment and the continued intensification of prevention efforts, in tandem with treatment, care and support. We must also commit to ensuring the integration of HIV/AIDS care into primary care; to setting up community clinics to assist in facilitating universal access; to combating stigma and discrimination, which remain a major obstacle in all countries; and to the continued building and retention of human resource capacity in order to deliver comprehensive programmes. But none of that will be possible without the provision of predictable and sustainable financing for low- and middle-income countries. We must intensify our efforts in that regard.

There can be no prevention without care. Our efforts must be augmented by the development of effective microbicides to assist in prevention, as well as of new and effective drugs for therapy and, ultimately, of an effective and affordable vaccine.

The Commonwealth of the Bahamas firmly believes that continued efforts on the part of all stakeholders will enable the international community to make meaningful progress in the fight against HIV/AIDS. We must stay the course and seize the opportunities that currently exist to reverse this devastating epidemic. The Bahamas remains committed to the fight and will work with all of its partners in the international community to bring an end to this global scourge.

The President: I now give the floor to Mr. Julio Vega Pasquier, Minister of the Interior of Nicaragua.

Mr. Pasquier (Nicaragua) (*spoke in Spanish*): Nicaragua is attending this important United Nations forum with determination and enthusiasm to reaffirm its political commitment regarding a threat which knows no borders, which makes no human distinctions of any kind, and which directly affects the incipient development of our Central American region. This threat is not only a problem of public health for us, but has become a problem of public security. Nicaragua is a young country, and one of the most impoverished in Latin America, where adolescents and young people represent more than half of our population threatened by HIV/AIDS. We could easily conclude that if we do not act in time, we would be seriously affected.

We are pleased that our work as a country is proven by quantifiable actions. One example is a campaign of communication, education and information on HIV/AIDS, which was carried out at the national level within the armed forces and the police, as well as among citizens deprived of their freedom. This initiative is a joint effort between the Government and civil society.

It is no use to have the desire and the commitment to struggle against HIV/AIDS if they are not upheld by solid financial support. In Nicaragua, the health budget this year is considerably greater than in previous years. However, that has not been sufficient. Our Government, after having demonstrated solid macroeconomic discipline, calls upon international financial institutions with which we are engaged, especially the International Monetary Fund (IMF), so that, under the economic agreement signed between Nicaragua and the IMF, there is a significant increase in the social expenditures and the HIV/AIDS pandemic can be confronted more aggressively. That is a question of life or death, and not just economic indicators.

Nicaragua appeals to all countries of the world to join us in our efforts to achieve accessible prices for antiretroviral medicine and thus attain universal, integral coverage for those living with HIV/AIDS. That, too, is a question of life or death. Prevention is also a question of life or death and cannot be disregarded because of stigmas or discrimination.

In this struggle, we have not been alone. Beyond our borders, the international community has provided us with solidarity, especially through the Global Fund to Fight AIDS, Tuberculosis and Malaria and the technical assistance of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for which we are grateful. However, we wish to draw the attention of this Assembly to the optimal level of coordination and mutual understanding that we as a Government have

been able to achieve with organizations of Nicaraguan civil society, fundamentally through our national AIDS commission. We would also like to mention in particular the increasingly determined participation of men and women who live with HIV/AIDS.

As we are a country with one of the lowest levels of prevalence but with high vulnerability and risk, we wish to request formally that the United Nations consider us a priority country, so that we can dedicate major efforts to achieving universal access to prevention, treatment, care and support.

The President: I now give the floor to Mr. Chua Soi Lek, Minister of Health of Malaysia.

Mr. Chua (Malaysia): In Malaysia, we are very conscious of the devastation that the unchecked spread of HIV can cause to our people. In 2005 alone, 6,120 HIV-positive cases were detected, giving rise to a rate of 17 new infections per day. Although injecting drug use remained a major mode of spread of the virus, recent trends would indicate that heterosexual transmission is increasing the number of women becoming infected. The Malaysian Government acknowledges the urgent need to address the HIV epidemic and is fully committed to the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). However, the reality is that we continue to face numerous challenges, including human resources constraints, lack of technical expertise, effective intervention that meets the needs of vulnerable groups and, most of all, the stigma and discrimination. In order to address these challenges, and in order to show political commitment at the highest level, a new national strategic plan on HIV and AIDS for 2006 to 2010 was formulated with the establishment of a cabinet-level committee on AIDS, chaired by the Deputy Prime Minister and guided by the "three ones" principles.

The national strategic plan centres upon a strategy involving the strengthening of leadership and advocacy; training and capacity enhancement; reducing HIV vulnerability among injecting drug users and their partners; reducing HIV vulnerability among women, young people and children; reducing HIV vulnerability among women, young people and children; reducing HIV vulnerability among marginalized and vulnerable groups, and improving access to treatment, care and support.

We have demonstrated our commitment and leadership in the areas of prevention and treatment. Notably, in order to make treatment more accessible and affordable, steps were taken to import cheaper generic medications through compulsory licensing. With that approach, the Malaysian Government has been able to triple the number of people on antiretroviral therapy over the last three years. A programme to prevent mother-to-child transmission was introduced nationwide in 1998, which included provision of free treatment to HIV-infected mothers and their newborns.

Secondly, recognizing that injecting drug use is a main driver of the epidemic, the Government has recently taken the bold step of addressing those problems. Led by the Ministry of Health, in partnership with our leading non-governmental organization, the Malaysian AIDS Council, harm-reduction programmes, including opiate substitution therapy and needle and syringe exchange programmes, were implemented in October 2005. A rapid scale-up to reach a large number of injecting drug users in the country is one of the prevention priorities for the upcoming years.

To implement the newly Developed National Strategic Plan on HIV/AIDS 2006-2010, the Malaysian Government has doubled its budgetary allocation for HIV/AIDS from $55 million to $135 million for the next five years. Additionally, specific targets and time lines have been set to achieve universal access to prevention, treatment, care and support.

The declaration from this High-level Plenary Meeting that we, as Member States, will commit to will be added impetus for us to take action. With that declaration, we will have achieved another milestone in our fight against AIDS. But this is not a time to rest and talk, for action is what is urgently required.

The meeting rose at 1.05 p.m.